

Service Return Form



Ship to: Ohmic Instruments
 Attn: Service Department
 3081 Elm Point Industrial Drive
 St. Charles, MO 63301 USA

Contact: Ph: 800-626-7713 or +1-410-820-5111
 Fax: +1-410-822-9633
 Web: www.ohmicinstruments.com
 Email: service@ohmicinstruments.com

REQUIRED: Billing/Shipping Information

		Your Billing Address:		Your Shipping Address (if different):	
Section 1	Company:			Company:	
	Address:			Address:	
	City:			City:	
	State/Prov:	Postal Code:		State/Prov:	Postal Code:
	Country:			Country:	
	Contact:			Contact:	
	Phone #:			Phone #:	
	Fax #:			Fax #:	
	Email:			Email:	

REQUIRED: Select Payment Method

Section 2	<input type="checkbox"/> We will pay via Purchase Order		Requires Preapproved Open Account with Ohmic & Purchase Order (Open Accounts are only available for U.S. customers)
	Purchase Order # _____ Purchase Order is: <input type="checkbox"/> Enclosed <input type="checkbox"/> Being faxed <input type="checkbox"/> Being emailed <input type="checkbox"/> Being Mailed		
	<input type="checkbox"/> We will pay via Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
	Credit Card # _____ Expires: _____ CCV # (last 3 digits on back or for AMEX 4 on front) _____ Name on Card: _____ Signature _____		
	<input type="checkbox"/> We will pay via C.O.D. (U.S. destinations only)		
<input type="checkbox"/> We will pay via Wire Transfer			

REQUIRED: Select Return Shipping Method

Section 3	Return shipments are via FedEx Ground - Signature Required unless an alternate method is specified.		
	<input type="checkbox"/> Use Alternate Shipping Method: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Other _____ <input type="checkbox"/> Ground <input type="checkbox"/> Overnight-AM/Priority <input type="checkbox"/> Overnight-PM/Std. <input type="checkbox"/> 2-Day Air <input type="checkbox"/> 3-Day Economy <input type="checkbox"/> Other: _____		
	Select Freight Payment Method: <input type="checkbox"/> Prepay & add freight to my Invoice <input type="checkbox"/> Charge my freight Account # _____ (handling fee will be added)		
	<input type="checkbox"/> Ship No Signature Required : <input type="checkbox"/> I have a written approval already on file with Ohmic. <input type="checkbox"/> By my signature below I authorize Ohmic to ship without requiring a Receipt Signature. Signature _____		

REQUIRED: Product Information

Section 4	Item 1	Mfr:	Model:	Asset #:
	Serial #:	Equipment Type:	BCID #:	
	Accessories Included:			
	Service Required: Cal. Repair & Cal. Other _____ *Service Warranty <input type="checkbox"/> *New Product Warranty <input type="checkbox"/> * Call for RMA# before shipping (RMA # _____)			
	Failure Symptoms/Comments: (Please be as specific as possible)			
	Item 2	Mfr:	Model:	Asset #:
	Serial #:	Equipment Type:	BCID #:	
	Accessories Included:			
	Service Required: <input type="checkbox"/> Cal. <input type="checkbox"/> Repair & Cal. <input type="checkbox"/> Other _____ *Service Warranty <input type="checkbox"/> *New Product Warranty <input type="checkbox"/> * Call for RMA# before shipping (RMA # _____)			
	Failure Symptoms/Comments: (Please be as specific as possible)			
Note: A \$50.00 Evaluation Fee may apply if quoted repairs are not approved.				
Form Completed By: _____ Date: _____ Page 1 of _____ Total # Items _____				Form: QF-SRV-147 (A)