

## Return Form

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Item	Model	Description	Serial #	Purchase Date*	Reason
1					
2					
3					
4					
5					

\*If known

Reason	
A	Warranty
B	Repair
C	Calibration
D	Refund

Returns for refund will only be considered for complete, unused items in original condition and will be subject to a 10% restocking charge.