

RETURN TO:

Drummond Scientific Company
P.O. Box 700 / 500 Parkway Broomall, PA 19008-4293 USA
Phone 1-800-523-7480 Fax 610-353-6204

REPAIR AUTHORIZATION FORM

Company:	Attention:
Fax #:	Telephone #:
Date:	RGA #:
Dealer/Distributor Purchased From:	

Warranty repairs will be returned by ground service at Drummond's expense.
Non-warranty repairs are returned at customer's expense. Choose shipping method:
Ground Air Service (2 day) Next Day

BILLING INFORMATION

RETURN SHIPPING INFORMATION

Purchase Order Number:	Company:
Name:	Attention:
Dept:	Address 1:
Address 1:	Address 2:
Address 2:	City:
City:	State: Zip:
State: Zip:	E-Mail Address:

IF PAYING BY CREDIT CARD PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION.

PLEASE CIRCLE ONE: (VISA) (MASTERCARD) NAME ON CARD: _____
ACCOUNT#: _____ EXP. DATE: _____ SECURITY CODE: _____

PLEASE DESCRIBE SPECIFIC PROBLEM

PLEASE DECONTAMINATE UNIT(S) BEFORE RETURNING

BY SIGNING THIS FORM I HEREBY CERTIFY THAT THE ABOVE UNIT(S) HAVE BEEN DECONTAMINATED.

Print name: _____ Signature: _____ Date: _____

THIS FORM MUST BE INCLUDED WITH RETURNED GOODS. GOODS WILL NOT BE REPAIRED WITHOUT THIS FORM, INCLUDING SERIAL NUMBER. PLEASE SEND RETURN TO THE ABOVE ADDRESS, ATTN: BRIAN SMYTH. THANK YOU.

PLEASE DO NOT WRITE BELOW THIS LINE

ITEM#	SERIAL#	COST	CHARGER Y/N	REPAIR CODE