

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:	

Please choose a shipping method for returning repaired equipment Ground Air Service (2-day) Next Day Service
(if no option is made, it will ship ground) WARRANTY REPAIRS FREE SHIPPING

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