

**RETURN TO:**

**Drummond Scientific Company**

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

**CREDIT CARD BILLING INFORMATION**

**RETURN SHIPPING INFORMATION**

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

**If return is not under warranty, please provide credit card information below.**

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

**PLEASE DESCRIBE SPECIFIC PROBLEM**

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**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 HOGAN. THANK YOU.**

**PLEASE DO NOT WRITE BELOW THIS LINE**

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ITEM#	SERIAL#	COST	CHARGER Y/N	REPAIR CODE