

## **Return Material Authorization (RMA) Form**

Company Information				
Company Name:		Date: (YY/MM/DD)		
Contact Name:		Address:		
City:				
		Telephone:		
Fax:		Email Address:		
Ship To: (If different from company info)		Bill To: (If differer	Bill To: (If different from Ship to address)	
Company Name:		Company Name:		
Contact Name:		Contact Name:		
Address:		Address:		
City:		City:		
Telephone:		Telephone:		
Fax:		Fax:		
Email Address:		Email Address:		
Tool Information				
Equipment Model #:		Equipment Serial #:		
Problem Description				
RTD:	🗌 Supplied	□ Not shipped	☐ Missing, supply new one	
Data:	🗆 Emailed	🗌 On Tool 🛛 🗍 On Me	edia 🛛 Need to recover	
Battery:	🗆 Replace	Replace if over 18 months	🗌 Do not replace	
Shipping & Payment Information				
Shipping Method:		Account Number:		
Payment Method :	🗌 Visa	☐ Mastercard	□ PO#	
		For Calscan Use Only RMA #:		
Date: (YY/MM/DD)		KIVIA #:		

## <u>Please note the following:</u>

1. Send in the completed request form. Please fill in ALL the information required in the form.

If the RMA form is INCOMPLETE, the product will be refused and returned at the customer's expense.

2. All products must be properly packaged. Calscan is not responsible for product that has been physically damaged prior to or during shipping.

3. Batteries in Hawks & DCR's are dangerous goods; please ship accordingly. If shipped by bus, remove and retain battery.