

Return Material Authorization Form

Please complete this form and send it along with the item/s being returned

November 2009

Federal Law concerning the shipment of dangerous goods (Dry Gas Standards): Some versions of the EC/IR and AMCC have Dry Gas Standards housed inside. These must not be in the Instruments when they are returned to us for service. The shipment of Dry Gas Standards without proper dangerous goods labeling is against the law. It can also damage the regulator and the instrument if the shipment is subject to rough handling during shipping. **Note: Contact Intoximeters before returning a Dry Gas Standard.**

A restocking fee may be applied for returned merchandise

<u>BILL TO COMPANY NAME & ADDRESS:</u>		<u>SHIP TO COMPANY NAME & ADDRESS:</u>	
PHONE: _____ FAX: _____		PHONE: _____ FAX: _____	
EMAIL: _____		EMAIL: _____	
<u>INSTRUMENT MODEL</u>	<u>SERIAL #</u>	<u>REASON FOR RETURN (List any unusual circumstances, prior history of the equipment, or operating conditions, which might have a bearing on the cause for return.</u>	

➤ **A \$75.00 CHECKOUT FEE TO COVER LABOR COSTS WILL BE BILLED FOR EACH ESTIMATE PERFORMED** ◀

PLEASE COMPLETE THE FOLLOWING IF YOU ARE SENDING AN ITEM FOR REPAIR.

NOTE – Intoximeters reserves the right to return the instrument in the same condition as it was received along with an invoice for the appropriate checkout charge per unit, plus all shipping charges **if we do not receive a response within 15 days of the e-mailed / faxed estimate.**

A	<input type="checkbox"/> I REQUEST AN ESTIMATE (A \$75.00 CHECKOUT FEE TO COVER LABOR COSTS WILL BE BILLED FOR EACH ESTIMATE PERFORMED.) SIGNATURE _____ DATE _____ VIA EMAIL _____ OR FAX # _____ TO THE ATTENTION OF (if different than above) _____
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B	<input type="checkbox"/> I AUTHORIZE ALL REPAIRS SIGNATURE _____ DATE _____
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IF CHOOSING OPTION B, PLEASE COMPLETE SECTION 1, 2 OR 3.

1	<input type="checkbox"/> A PURCHASE ORDER NUMBER <u>IS REQUIRED</u> BEFORE CHECKOUT OR REPAIR OF INSTRUMENT: PO#: _____	2	<input type="checkbox"/> A PURCHASE ORDER NUMBER <u>IS NOT REQUIRED</u> BUT THE WORK IS AUTHORIZED BY THE UNDERSIGNED: Signature: _____ Print name: _____
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3	<input type="checkbox"/> PAYMENT WITH CREDIT CARD: *CARD NUMBER _____ *EXPIRATION DATE: (MO / YR) _____ *CVV2 CODE _____ *CARDHOLDERS NAME _____ *ADDRESS _____ *CITY _____ *STATE _____ *ZIP _____ *INDICATES REQUIRED INFORMATION – MUST BE COMPLETED
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All repairs are returned via ground service unless otherwise requested. If you require a faster return method please check the box below.
 Your account will be billed accordingly.
 Please expedite the return of my instrument/s by shipping via overnight express

INTOXIMETERS, INC. shall not be responsible for any custom software, custom configuration information, or memory data of customer information contained in, stored on, or integrated with any products returned to INTOXIMETERS, INC. pursuant to any warranty, repair or recertification.

Prior to the instrument return for warranty, repair or recertification, all stored data, settings and custom software required by the customer, should be saved or secured by the customer.