

Incident Form / Return Material Authorization

Please complete this form and send it along with item/s being returned and/or repaired.

Note: Federal Law concerning the shipment of dangerous goods (Dry Gas Standards): Some versions of the EC/IR and Alcomonitor CC 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 subjected to rough handling during shipping. **Contact Intoximeters before returning a dry gas standard.**

Company Name: _____

Billing Address: _____

Shipping Address: _____

Contact Name: _____

Phone: _____

Email: _____

Instrument Model	Serial #	Reason for Return (List any unusual circumstances, prior history of the equipment, or operating conditions, which may have a bearing on the cause for return)

Complete the following when sending an item for repair.

A	<input type="checkbox"/> I authorize all checkout and repair fees - No estimate required
	Signature: _____ Date: _____
B	<input type="checkbox"/> I request an estimate - A \$40.00 checkout fee will be billed for each instrument. Fee does not include any parts or labor necessary. 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 email/faxed estimate.
	*Signature: _____ *Date: _____
	*Via Email: _____ *Indicates required information
	To the attention of (if different than above): _____

If choosing Option B, complete section 1, 2, or 3 below:

1	<input type="checkbox"/> A purchase order number is required before checkout or repair of an instrument PO#: _____	2	<input type="checkbox"/> A purchase order number is NOT required. The work is authorized by the undersigned: Signature: _____ Print Name: _____
3	<input type="checkbox"/> Payment Terms (Note: Purchase order, if you are a hospital, email your purchase order with request to sales@intox.com)		
	<input type="checkbox"/> New Customer	Bill My Account # _____	
	<input type="checkbox"/> Net 30 days (for est. accounts)	Email to send invoice _____	
	<input type="checkbox"/> Credit Card	Name _____	Phone number _____
	Our team will contact you shortly to assist with the payment process.		
	<input type="checkbox"/> I authorize all repairs up to \$300.00/per instrument (+ taxes and shipping cost)		

All repairs are returned via ground service unless otherwise requested. If you require a faster return method check the box below.

Please expedite the return of my instrument(s) by shipping via overnight express (your account will be billed accordingly).

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