



RMA Customer Form

ISO 9001:2008

\*\*\* Please contact HSE for confirmation of warranty status and to obtain an RMA number \*\*\*

RMA#: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Return Shipping Address: \_\_\_\_\_  
 Date Needed By: \_\_\_\_\_

Serial #	Product Model	Reason For Return

Warranty                       Non-Warranty

**Non-Warranty Items:** There will be an initial charge of **\$110** for diagnosis. This will need to be collected before any work is done to the equipment. After initial diagnosis and customer approval, an hourly rate of **\$85** will be charged. Please provide either a credit card number or PO below.

Card Type: \_\_\_\_\_ Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_  
 PO Number: \_\_\_\_\_

\*\*\*Please be sure to contact us within 30 days of diagnosis, or your product may be returned or discarded.