

Return Merchandise Authorization

INSTRUCTIONS

Please call our Customer Service Department at **631-864-1000** to request a **Return Merchandise Authorization number** (**RMA#**). Please write that number in the space provided below, complete this form and return it inside the box with the merchandise you are returning. Please also write the RMA# on the outside of the box near the shipping label. Be sure to retain a copy of this form for your records.

Merchandise returned for credit must be sent freight prepaid and insured. Damaged items will be billed at our full repair cost. All other returns are subject to a 15 percent restocking charge and must be returned complete in the original packing material, unused in resalable condition, no older than 6 months from date of invoice. If possible, please include a copy of the invoice or packing slip with the item(s) being returned. *Thank you for your cooperation*— we appreciate your business.

| RMA# | | FOR OFFICE USE ONLY | | |
|----------------------|---------------|---------------------|-------------------------------|--|
| | | DATE RECEIV | ÆD: BY: | |
| | | DISPOSITION: | : □ Repair □ Replace □ Other: | |
| COMPANY INFORMA | TION | | | |
| COMPANY NAME: | | | | |
| ADDRESS: | | | | |
| CITY: | | STATE: | ZIP: | |
| CONTACT INFORMA | TION | | | |
| CONTACT NAME: | | PHONE #: | | |
| FAX #: | | EMAIL: | | |
| PURCHASING INFOR | RMATION | | | |
| INVOICE #: | | | | |
| INVOICE #: | | | | |
| RETURN INFORMAT | ION | | | |
| MODEL #: | | SERIAL #: | | |
| MODEL #: | | SERIAL #: | | |
| REASON FOR RETUI | RN | | | |
| | | | | |
| | | | | |
| CIRCLE/CHECK ONE: | ☐ REPLACEMENT | □ CREDIT | □ REPAIR | |
| NAME (Please print): | | | | |
| SIGNATURE: | | DATE: | | |

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