



RMA #					
User Assigned Tracking Number (Letter followed by 4 Digits)					

**R.M. YOUNG COMPANY
RETURN MATERIAL AUTHORIZATION FORM**

RETURN SHIP TO ADDRESS		BILL TO ADDRESS	
Organization:		Organization:	
Address:		Address:	
City:		City:	
State / Region:		State / Region:	
Postal Code:	Country:	Postal Code:	Country:
Contact Name:		Contact Name:	
Phone:	Fax:	Phone:	Fax:
Email:		Email:	

METHOD OF PAYMENT		
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Warranty (Upon Approval)

EQUIPMENT BEING RETURNED		
Model:	Quantity:	Serial Number(s):
Model:	Quantity:	Serial Number(s):
Model:	Quantity:	Serial Number(s):

REASON FOR RETURN			
<input type="checkbox"/> Repair	<input type="checkbox"/> Return For Credit (Subject to Restocking Charge)	<input type="checkbox"/> Warranty Evaluation	
<input type="checkbox"/> Calibration	<input type="checkbox"/> NIST traceable calibration	<input type="checkbox"/> As Found calibration	<input type="checkbox"/> As Left calibration

PROBLEM / DESCRIPTION (Check all that apply and describe in detail below)			
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Damage due to handling	<input type="checkbox"/> Lightning or Power Surge	<input type="checkbox"/> Environmental Conditions
<input type="checkbox"/> Sensor Calibration	<input type="checkbox"/> Power Supply Related	<input type="checkbox"/> Intermittent Operation	<input type="checkbox"/> Analog Voltage Outputs
<input type="checkbox"/> Serial Communication RS232	<input type="checkbox"/> Serial Communication RS485	<input type="checkbox"/> Connection to Computer / Data Logger	<input type="checkbox"/> Other

Please give as complete a description as possible.

Date:	Name:
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