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R.M. YOUNG COMPANY RETURN MATERIAL AUTHORIZATION FORM

BILL TO ADDRESS				SHIP 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)			
Return Shipping Method:	<input type="checkbox"/> UPS Prepay and Add		<input type="checkbox"/> UPS Acct #		<input type="checkbox"/> FedEx Acct #		
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 (general certificate supplied)		<input type="checkbox"/> NIST traceable As Left Calibration (report and test data included) <input type="checkbox"/> As Found Calibration (optional – report and test data included)					
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. Include all necessary parts / components with the shipment.							
Date:		Name:		Telephone:		Email:	

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