

RAN# _____



REPAIR/RETURN AUTHORIZATION

For mTech use only

SO# _____

In an effort to provide better service mTech requests that the following information be provided when sending an item in for service. Complete information on the item is needed in order to provide the appropriate testing, diagnostic and repair services.

Company Name: _____

Ship to Address: _____

Bill to Address: _____

Contact Name: _____

Phone: (____) _____ Fax (____) _____

E-mail: _____

P.O.# Required: _____ Return Carrier/Method: _____

Service requested: _____

Describe Problem or Reason for Return: _____

Model #/Description _____ Serial# _____

Type of Repair: Warranty Non Warranty

Method of Payment: Net 30 CIA COD Visa Master Card

Please complete and return this form via fax to 817.571.9981, Attn: Service Dept. Also, please include a copy with the item(s) to be returned.

Thank you,
Customer Service

Measurement Technologies
1812 Reliance Parkway, Suite G
Bedford, TX 76021-6119
U.S.A.
Tel: 817-571.9981
Fax: 817-571.9989
Email: sales@mtech.biz