

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/calibration services.

Model #/Description _____ Serial# _____

Type of Repair: Warranty Non Warranty

Method of Payment: Net 30 CIA COD Visa Master Card Amex

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: _____

Please complete and return this form via fax to 817.571.9989, Attn: Service Dept. or include a copy with the item(s) to be returned. Ship the returned item to the address below prepaid. If the service required is deemed as *warranty*, it will be returned freight prepaid at Mtech's expense. For *non-warranty* service, the returned shipment will be PP&A or collect.

Thank you,

Measurement Technologies
4843 Colleyville Blvd.
Suite 251-194
Colleyville, TX 76034 U.S.A.

Tel: 817-571.9981
Fax: 817-571.9989
Email: sales@mtech.biz