

**IMC INSTRUMENTS, INC.**

468 Liberty Dr.  
Wittenberg, WI,54499 ,  
USA  
TEL 715- 253 2801  
FAX 715- 253 2811

10-20-2014

**RETURN AUTHORIZATION FORM / REQUEST FOR SERVICE FORM**

This form must be filled out in full when requesting service for any product manufactured by IMC Instruments. This form is also required for ALL WARRANTY REQUEST WORK.

All evaluation work is done at a minimum service charge of \$55.95 plus replaced parts. If the repair work is declined the EVALUATION service charge will remain in effect and must be paid on demand.

IF WARRANTY work is requested, this form must be sent or faxed ahead of time to obtain an RMA number. Products that are sent without following the above procedures will be take longer to service and cost more do due to time delays and added processing.

**IF WARRANTY WORK IS REQUESTED ENTER RMA NUMBER \_\_\_\_\_**

**PRODUCT INFORMATION**

MODEL NUMBER \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_ PROCESSOR VERSION NO. \_\_\_\_\_

DATE OF PURCHASE \_\_\_\_\_ PLACE OF PURCHASE \_\_\_\_\_

COMPANY RETURNING THE PRODUCT \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

**DESCRIPTION OF APPARENT PROBLEM**

A complete description of all observed malfunctions must be described below. Failure to do so will delay proper and prompt service of returned product(\$).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION**

Telephone and Fax number of person directly involved with the return on the product. Preferably the person most familiar with the observed problem described above.

Name \_\_\_\_\_ TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

**Please Send to IMC Instruments Att Service department Fax- 715- 253 2811  
468 Liberty Dr. , Wittenberg, WI,54499, USA**