

Return Merchandise Authorization

RMA No. _____

Please use the ship date as the RMA Number.

* Fields must be completed for order to be processed.

Company Name* _____

Street Address:* _____

Unit #* _____

City* _____

State* _____

Zip Code:* _____

Contact Name* _____

Contact Direct Tel:* _____

Email: * _____

Model Number* _____

Serial Number* _____

Purchase Date: _____

Purchased from (Distributor): _____

Distributor Location: _____

PLEASE SPECIFY PROBLEM/ WORK REQUIRED:

FOR AXICON USE ONLY:

LOANER REQUIRED: YES NO

Loan Unit(s) No. _____

Date sent: _____

Tracking# _____ UPS FEDEX

Shipping Address



SERVICE DEPARTMENT

8726 Seminole Trail, Unit 3B

Ruckersville, VA 22968

email: info@axicon.com

Tel.: +01 (434) 939-9647

PREFERRED METHOD OF PAYMENT (NET 30 DAYS)

Invoice Bank Transfer Credit Card

Please include Purchase Order with RMA form or call with credit card information.

FOR AXICON USE ONLY:

Date received: _____

External inspection findings _____

Date to be returned: _____

Requested Shipper* _____

Return Service* Ground Yes No

Overnight Other _____

Delivery cost: _____

Repair/Calibration _____

Total Cost _____

Comments/Notes _____

KINDLY COMPLETE ALL STARRED FIELDS TO EXPEDITE REPAIR AND RETURN. THANK YOU!

Manufacturer suggests recalibration annually.