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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"/> Sensor Calibration		<input type="checkbox"/> Power Supply Related		<input type="checkbox"/> Intermittent Operation	
<input type="checkbox"/> Serial Communication RS232		<input type="checkbox"/> Serial Communication RS485		<input type="checkbox"/> Connection to Computer / Data Logger	
				<input type="checkbox"/> Environmental Conditions	
				<input type="checkbox"/> Analog Voltage Outputs	
				<input type="checkbox"/> Other	
<p>Please give as complete a description as possible. Include all necessary parts / components with the shipment.</p>					
Date:	Name:		Telephone:		Email:

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