

Associated Precision Labs, Inc.

Service Return Form

Please complete this form when returning equipment for service
No RA number is required

Billing address:

Company Name:
Address:
City:
State / Zip:
Contact Name:
Phone #:
Fax #:

Shipping address:

Company
Address:
City:
State / Zip:
Contact Name:
Phone #:
Email Address:

Purchase order is: Enclosed _____ Being Mailed _____ Being Faxed _____

List Items being returned:

Description: _____ Model: _____ Serial# _____

Service Requested: Calibration Only Repair/Calibration

Comments/Problems: _____

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Service Requested: Calibration Only Repair/Calibration

Comments/Problems: _____

Description: _____ Model: _____ Serial# _____

Service Requested: Calibration Only Repair/Calibration

Comments/Problems: _____

NOTE: We are not responsible for accessories shipped and not listed above

Ship prepaid via UPS or FedEx, fully insured to:

Associated Precision Labs, Inc.
2336 N. Interstate Dr
Norman, OK 73072
Attention: Service Department