

Return Authorization Form

To be issued by Phenix personnel

Complete this form & e-mail to info@phenixtech.com to receive RA number.

Date:		Customer:	
Serial #:		Model #:	
Record #:			
Purchase Order #:			
<< OR >>			
Credit Card #:		EXP:	
		Name:	

Reason For Return:	Please check the box(s) below for the service being requested. There is a \$250 evaluation fee if services are not purchased.
<input type="checkbox"/> Repair	<input type="checkbox"/> Calibration
*If Calibration box is checked, Calibration <u>will</u> be performed.	
Please describe, in detail, the problems you are experiencing with the unit. This will assist with your repair.	
*If the unit is being sent for calibration and data is required, check the box below.	
<input type="checkbox"/> Before & After Data	* There is an additional charge for data.

Billing Address:	Shipping Address:

Contact Name:		Phone:	
Fax :		E-Mail:	

Return Shipping Method:	
Account #:	

This form must be filled out completely for a Return Authorization Number to be issued.
E-mail your request to: info@phenixtech.com

The assigned Return Authorization Number is valid for 60 days.
If the unit is not received within 60 days, the RA will be cancelled.

When you receive your RA Number, appropriately package the unit and return with the RA Number clearly marked on the outside to:

Phenix Technologies, Inc.
75 Speicher Drive
Accident, MD 21520 USA
Attn: RA# _____