



Customer Return Material Authorization (RMA) Form

All returns must be approved prior to return. Please print or type clearly.

Current Date* _____

Customer Details (* denotes a required field)

Name*	_____	Address 1*	_____
Company	_____	Address 2	_____
Email*	_____	City, State*	_____
Phone*	_____	Zip code*	_____
Fax	_____	Country*	_____

Product Details

Item Description	Quantity	Invoice #	Order Date
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Return (please explain in detail) Repair Calibration Other

Please return completed form back to Rotunda Scientific Technologies via email or fax. Information is located at the top of this form.

For Internal Use Only

RMA #	_____	Restocking Fee	_____	Credit Amount	_____
Received by	_____	Replacement Sent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit Issued by	_____
Date Received	_____	Date Sent	_____	Date Credit Issued	_____

Additional Notes: