



Carremm Controls Ltd
 3535 Laird Road, Units# 17-18
 Mississauga, Ontario
 Canada, L5L 5Y7

ANALYZER RMA FORM

FOR CALIBRATION AND REPAIR

Please complete and submit the following form to request an authorization number

Carremm Controls Ltd
 3535 Laird Road, Units# 17-18
 Mississauga, Ontario, Canada L5L 5Y7
 Attention: Analyzer Department

Phone: (905) 569 - 0335
 Fax: (905) 569 - 9712
 Email: carremm@carremmcontrols.com
 Web: www.carremmcontrols.com

Instructions: Mandatory fields are marked with an asterisk (*).

- Please complete and submit the following form via email. Incomplete information will delay the processing of your analyzer.
- Your request will be reviewed by Carremm Controls and Carremm Controls will provide a RMA number.
- This RMA form must be included with the analyzer.
- Once the analyzer is evaluated, a formalized quotation will be emailed for your review.
- A purchase order and/or a credit card number will be required to go ahead with the repairs.
- If the repairs are declined, there will be a \$95.00 evaluation fee.
- If there are any other repairs to be recommended, a quotation will be provided before any repairs are completed.

Note: If there is no response within 60 days, all equipment will be returned as is at your expense or properly disposed of.

***For future analyzer service, please allow up to 2 weeks. For parts are not in stock, lead time to be advised. ***

Please package your analyzer securely and **SHIP PREPAID**, you are responsible for shipping charges.

All **COLLECT** shipments will be refused.

Date: _____

Billing/Quote Contact: * Must be filled out fully *****

Company Name:*		Contact:*	
Address:*		City:*	
Province:*		Postal Code:*	
Phone Number:*		Email:*	

Shipping Address (If different from billing):

Company Name:		Contact:	
Address:		City:	
Province:		Postal Code:	
Phone Number:		Email:	

	ANALYZER INFORMATION #1			ANALYZER INFORMATION #2		
Manufacturer:*						
Model #:*						
Serial #:*						
Service Request:*	REPAIR	CALIBRATION	OTHER	REPAIR	CALIBRATION	OTHER
Reason for sending in unit: *						

Customer's Purchase Order #		Contact:*		Date:*	
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