

# Service Order Form



Use this return form for all repairs including calibration and warranty repair.

Date: \_\_\_\_\_

**Please use one form per instrument**

To Expedite this Service Order please include a "Not To Exceed" amount. For Non RKI Distributors, method of payment for all non-warranty repairs to be made by credit card or check prior to instrument return.

**Repair**  **Warranty**  **Serial #** \_\_\_\_\_

**Shipping Account #:** \_\_\_\_\_ **Reference #:** \_\_\_\_\_

Shipment method when returned  Overnight by 8:30 am  Overnight by 10:30 am  2 day  
 3 day  Ground

Estimate approval before repair?  Yes  No Not to exceed cost \$

\_\_\_\_\_  
Company Name Contact Name

\_\_\_\_\_  
Phone # Fax # Email

Billing Address	Shipping Address
_____	_____
_____	_____
_____	_____

Please list instrument & accessories being returned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a detailed description of the problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Note:**

- There is an \$85 estimate charge per instrument. Estimate fee is waived if instrument is repaired. Shipping charges are additional and are generally pre-paid and added to the invoice.
- All repairs must be accompanied with completed Service Order Form.
- Payment must be by credit card or check only.
- Do not return compressed gas cylinders with repair.