RETURN FORM

6275 Cochran Rd., Solon, OH 44139 PH: (800) 358-1100 • Fax: (440) 349-1511

CONTACT INFORMATION

Primary Contact: _____ Phone No.: _____

Fax No.: _____ Email: _____

BILL TO: _____ **SHIP TO:** (Leave blank if the same) _____

_____ _____

_____ _____

_____ _____

☐ **Residential Address**

INSTRUMENT INFORMATION

Model: IF KNOWN Serial No.: IF KNOWN Purchase Date: IF KNOWN

☐ **Repair** (if you need a calibration certificate with your repair, please complete the calibration section below)

Please describe problem or reason for return: _____

_____

_____

☐ **Calibration**

Model	Level I	Level II (includes before and after data)
7084VP+, 7064VP+	☐ $65.00	☐ $95.00
10430VP+, 10431VP+, 10433VP+.....	☐ $85.00	☐ $115.00
PA201, 201X, 202, 202X, 203X, IRIS, IRIS+.....	☐ $100.00	☐ $130.00
VIP1 Inline.....	☐ $400.00	
VIP2 Inline.....	☐ $100.00	☐ $150.00

☐ **Reprogramming** (General) $50.00

Reprogram for the following fluids and units of measure (UoM):

Scale #:_____ Scale #:_____ Scale #:_____ Scale #:_____ Scale #:_____

Name:_____ Name:_____ Name:_____ Name:_____ Name:_____

UoM:_____ UoM:_____ UoM:_____ UoM:_____ UoM:_____

PAYMENT METHOD

* Estimates are always given on non-warranty repairs. * Payment information **MUST** be received prior to work being performed.

☐ I have a MISCO Net 30 account. Please use my PO Number: _____

☐ Please call for credit card information. ( ) _____

****NOTE:** Unclaimed instruments and/or accessories will be discarded 60 days from the date you receive your return results.

RETURN SHIPPING

UPS	FEDEX COLLECT
☐ GROUND	☐ 1st DAY
☐ 1st DAY	☐ 2nd DAY
☐ 2nd DAY	
☐ COLLECT	

Carrier Account Number

☐ **Residential Address**