



Avalon Test Equipment
 1205 Activity Dr. Vista, CA 92081
 Tel: 760.536.0191 Fax: 760.536.0184 Toll Free: 888.542.8256

RMA REQUEST FORM

Rev 002

Customer Information

Company: _____
 Contact: _____
 Phone Number: _____
 Email: _____
 P.O. Number: _____

Ship To Address

Street: _____

 City: _____
 State: _____ Zip: _____
 Ship To Phone: _____

Shipping Method

UPS FedEx DHL Other:
 Ship: 1 day 2 day 3 day Ground
 Account Number: _____
 Comments: _____

Please fill out as completely as possible in order for Avalon to efficiently track your equipment, provide you with error-free documentation, and avoid delays. Remember to include your Purchase Order number at the top of the form and always note ALL accessories sent with your equipment. This includes manuals, cases, power cords, other documentation, etc. Please be sure to sign the bottom of the shipper authorizing service of your equipment.

Manufacturer	Model Number	Serial Number	Asset Number	Description	Repair	Calibration	Data Required?

Reason for Repair:

Accessories Shipped:

Sales Contact: _____
 Received By: _____

Date: _____

Customer Authorization: Please sign Below

Thank you for choosing Avalon Test Equipment
 We appreciate your business.
 Visit our website for information on sales, rentals, and trade-ins: www.avalontest.com