



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](http://www.avalontest.com)