

Organomation

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Return Authorization Form

| Distributor Information | | | |
|---|--|--|--|
| Company Name: | | | |
| Employee Name: | | | |
| Item Returned | | | |
| Serial Number: | | Under Warranty? | |
| Quantity: | | Date: | |
| Has the product been used with any hazardous materials? (Y/N) | | If yes please explain the application(s) used: | |
| Address Line 1: | | | |
| Address Line 2: | | | |
| City: | | | |
| State/Province: | | Postal Code: | |
| Country: | | | |
| Email: | | Phone Number: | |
| I Prefer to be contacted by (Phone/Email): | | | |
| Please describe the problem: | | | |
| | | | |

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|---|-------------------|
| Office use only: R.A.N. Number: Approved for return? (Y/N): Expected Arrival Date: Expected Return Date: Date Received: | Evaluation Notes: |
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