

### Product Description

Product Name

Model

Serial Number

Purchase Date (YYYY/MM/DD)

Invoice Number

Date of the last repair (if applicable)

Repair time

☐ Standard

☐ Urgent\*

Check the service required

☐ a) Repair

☐ c) Calibration only

☐ b) Calibration Certificate

☐ d) Other (Specify)

\*additional charges applicable

### Bill to

Customer Number

Company

Address

Contact Name

Telephone

Fax

Email

PO Number

### Send to

Customer Number

Company

Address

Contact Name

Telephone

Fax

Email

Shipped via

## Product Return

### Important Notice

Please complete this form and include it with your merchandise. We will contact you as quickly as possible with an estimate.

For shipments from outside Canada, please attach purchase invoices.

### Please explain the reason for the return

### Inspection Fees

By signing below, you agree to a minimum inspection charge of **\$80.00** in the following cases:

**A** - When a product is found to be working.

**B** - When the estimated repair cost is refused by the customer.

**C** - When an instrument is not economic to repair.

In cases **B** and **C**, if a new replacement instrument is purchased at **GENEQ**, the inspection cost will be waved.

Signature

Date

(YYYY/MM/DD)

### Attention

*Particular attention for all laboratory equipment.*

I declare that the merchandise was decontaminated of all microbiological, chemical, toxic substances or other dangerous materials.

Signature

Date

(YYYY/MM/DD)