

## Services / Merchandise Return

### 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

### Important Notice

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

### Please explain the reason for the return

### Inspection Fees

By signing below, you agree to a minimum inspection charge of **\$75.00** 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)