



RMA - RETURN FORM

6275 Cochran Rd., Solon, OH 44139

PH: (800) 358-1100 • Fax: (440) 349-1511

CONTACT INFORMATION

Primary Contact: _____

Phone No.: _____

Fax No.: _____

Email: _____

BILL TO: _____

SHIP TO: _____ (Leave blank if the same as Bill To)

Residential Address

INSTRUMENT INFORMATION

Model: _____ IF KNOWN Serial No.: _____ IF KNOWN Purchase Date: _____ IF KNOWN

Repair (if you need a calibration certificate with your repair, please complete the calibration section below)

Please describe problem or reason for return: _____

Calibration

Model	Level I	Level II (includes before and after data)
7084VP+, 7064VP+	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$95.00
10430VP+, 10431VP+, 10433VP+, 10440VP+	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$115.00
PA201, 201X, 202, 202X, 203X	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$130.00
IRIS, IRIS+, IRISX, MVP, VIP2 Inline	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00

Reprogramming (General) \$50.00

Reprogram for the following fluids and Units of Measure (UoM):

Scale #: _____	Scale #: _____	Scale #: _____	Scale #: _____	Scale #: _____
Fluid: _____	Fluid: _____	Fluid: _____	Fluid: _____	Fluid: _____
UoM: _____	UoM: _____	UoM: _____	UoM: _____	UoM: _____

PAYMENT METHOD

* Estimates are always given on non-warranty repairs.

* Payment information **MUST** be received prior to work being performed.

I have a MISCO Net 30 account. Please use my PO Number: _____

Please call for credit card information. () _____

****NOTE:** Unclaimed instruments and/or accessories will be discarded 60 days from the date you receive your return results.

RETURN SHIPPING

- UPS**
- GROUND
 - 1st DAY
 - 2nd DAY
 - COLLECT
 - WW Expedited

- FEDEX COLLECT**
- 1st DAY
 - 2nd DAY
 - Saver

Carrier Account Number

Residential Address