



Service Return Form

You may fill out this form on your computer or print a copy to complete by hand. Print one copy for your records, and one copy to include with your instrument(s).

► Your Instrument's Serial #(s): _____

► List accessories included in shipment: (Required accessories notated with *)

Quantifit/FitTester 3000

- Tube Assembly*
- Power Cord
- Printer
- Trigger Button* or Squeeze Bulb*
- Adapters (Kit #'s: _____)
- Other: _____

- Vinyl Pouch
- Computer Cable
- Keyboard

Noise Instruments

- doseBadge Mounts
- Windscreens
- AC Adapter
- Carry Case
- Keyfob

Audiometers

- Headphones*
- Bioacoustic Simulator*

NOTE: We are not responsible for non-OHD accessories shipped with service units.

► Reason for return:

- Warranty
- Calibration
- Repair/Other

► Payment Information (This section must be completed in order for us to service your instrument):

- Warranty Repair
- Previously purchased maintenance contract
- Purchase Order# _____ Maximum Amount Authorized: _____
We do require a copy of your purchase order.
- Purchase order copy is: Enclosed Being Mailed Being Faxed
- Credit Card: Type: _____ Number: _____ Exp: _____ CID: _____

► Describe any known problems: _____

► Before/After Data Needed? Yes No (Additional charges will be applied)

► Expedited (24hr) Service? Yes No (Additional charges will be applied) Please note: Requiring an estimate before work may delay service return time.

Billing Address

Company Name: _____
 Address: _____
 City/State/Zip: _____
 Contact Name: _____
 Phone: _____
 Fax: _____
 Email: _____

Shipping Address: (check here if same as billing)

Company Name: _____
 Address: _____
 City/State/Zip: _____
 Contact Name: _____
 Phone: _____
 Fax: _____
 Email: _____

To expedite your repair:

- Please include a copy of this form when shipping your instrument.
- It is required that one Service Return Form be completed for each unit (Except for doseBadge Kits).
- Terms are net 30 days OAC. **No RMA number is required.**

Return equipment, billing information and all correspondence to:

OHD
 2687 John Hawkins Parkway | Hoover, AL 35244
 Phone: (888) 464-3872 | Fax: (205) 980-5764