

## **Service Return Form**

| Quantifit Serial #(s)                                 |   |
|---|---|
| ► List accessories included in shipment: (Req         | uired accessories notated with *)   |
| Quantifit ☐ Tube Assembly* ☐ Trigger Button* ☐        | Power Cord D USB Cable  |
| ☐ Hard Case ☐ Keyboard ☐                              | Printer   |
| ☐ Adapters Kit #'s:                                   |   |
| ☐ Other:  | <br>ID accessories shipped with service units.  |
| ► Reason for return:                                  |   |
| ☐ Calibration ☐ Repair/Other ☐ Warrant                | ty  |
| ▶ Payment Information (This section must be           | completed in order for us to service your instrument):  |
| ☐ Purchase Order#                                     |   |
| (We require a hard copy of the Purchase O             | rder) A hard copy has been: ☐ Emailed ☐ Enclosed  |
| ☐ Credit Card: Number:                                | Expiration (mo/yr):   |
|   | CID: ZIP:   |
| ☐ Previously Purchased Maintenance Con                | tract   |
| ► Sales Tax Exemption Certificate with State E        | Enclosed ☐ Yes ☐ No (we are not exempt from sales tax)  |
| (Please ensure you complete the Payment Info          | rmation section and Sales Tax Exemption Section)  |
| ► Describe any known problems:                        |   |
| ·   | If Yes, additional charges will be appliedsee quote options)  your units to us via our Round Trip Shipping program; nation to calibration@ohdglobal.com |
| Billing Address                                       | Shipping Address: ( check here if same as billing)  |
| Company Name:   | Company Name:   |
| Address:  | Address:  |
| City/State/Zip:                                       | City/State/Zip:   |
| Contact Name:   | Contact Name:   |
| Phone:  | Phone:  |
| =ax:  | Fax:  |
| Email:  |   |
| Email address/s to send the invoice and/or receipt: _ |   |
| f using Round Trip Shipping: UPS driver goe           | es to your location with the label Receive email label and you take to UF   |
| NO RMA number is required Return equi                 | pment, billing information, and all correspondence to:  |
| ·   | OHD,LLLP  |
| 2687 John Haw   | /kins Parkway, Hoover AL 35244  |
|   | ndglobal.com Phone: (888) 464-3872  |

- If sending unit in yourself, include a completed copy of this form with shipment