

## **NO RMA Number is Required**

**Instrument Serial Number(s)** (required):

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Billing/Account Info	Shipping into check if same as billing
Company	Company
Contact Name	Contact Name
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
> Reason for return: Calibration Repair/Ot	ther (provide details below)

nai				E	mail	
>	Reason fo	or return:	Calibration	Repair/Othe	er (provide details	below)
>	- p		ata (additional	\$50/instrumer	it) reports tolerar	nce before and after calibration
>	Payment	Options: (r	ninimum 1 optid	on required)		
	Pu	rchase Ord	er emaileo	d hard o	opy enclosed	
		OHD m	ust receive an er	mailed or hard o	copy of the PO if	this option is selected.
	Cre	edit Card nu	ımber:			expiration (mm/yy):
			CID:	billing	zip:	
	Pre	eviously Pu	rchased Mainte	nance Contra	ct (ensure billing/a	account info above is complete)
	Wa	arranty Rep	air (ensure billing/	account info abo	ve is complete)	
	Otl	her – Email	calibration@oh	ndglobal.com t	o make other p	ayment arrangements.
_	Calaa Tay					

Sales Tax Information: (required)

We are exempt, certificate enclosed We are not tax exempt *W-9 is not a tax-exempt certificate.* 

- > Describe any known problems:
- > Return equipment, billing information, and all correspondence to:

OHD, LLLP, 2200 Resource Dr., Hoover, AL 35242 <u>calibration@ohdglobal.com</u> - (888) 464-3872