

# RETURN AUTHORIZATION FORM

CALL OR EMAIL [service@climatronics.com](mailto:service@climatronics.com) FOR RA #. INCLUDE THIS FORM WITH ITEM(S) BEING RETURNED.

**(SHADED AREA TO BE COMPLETED BY CLIMATRONICS.)**

RA #: \_\_\_\_\_

DATE REQUIRED: \_\_\_\_\_

BILL TO CUSTOMER #: \_\_\_\_\_

SHIP TO CUSTOMER #: \_\_\_\_\_

BILLING ADDRESS:

SHIPPING ADDRESS:  CHECK HERE IF SAME AS "BILL TO"

PURCHASING AGENT: \_\_\_\_\_

TECHNICAL CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

P/O #: \_\_\_\_\_

ESTIMATE REQUIRED: Y  N  WARRANTY:

NOT TO EXCEED \$: \_\_\_\_\_

REASON FOR RETURN: \_\_\_\_\_

## EQUIPMENT RETURNED

PART NUMBER	S/N	DESCRIPTION	CONDITION

INITIALS: \_\_\_\_\_ JOB #: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED VIA: \_\_\_\_\_ RETURN VIA: \_\_\_\_\_

## NEW ITEMS SUPPLIED

PART NUMBER	S/N	DESCRIPTION	NOTES

WORK PERFORMED: \_\_\_\_\_

\_\_\_\_\_ PARTS \$: \_\_\_\_\_

\_\_\_\_\_ LABOR \$: \_\_\_\_\_

\_\_\_\_\_ NEW ITEMS \$: \_\_\_\_\_

\_\_\_\_\_ CALIBRATIONS \$: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ SHIPPING \$: \_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_ TOTAL REPAIR COST \$: \_\_\_\_\_

