

Return & Repair Form

Customer Information:

Company Name: MT. OLIVE TWP B: _____ S: _____
 Date Received: 4-7-08 Date Given to Service: _____
 Carrier: FedEx - UPS - DHL - USPS Method: GRD NDA - 2DY - 3DY - Other

Product Information:

Product: 7410 - 7110 - 6510 - 6810 Serial #: AR 111 - 0043
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top ½ Sim Ser #: _____
 Other _____ Probe Ser # DD P -
ACCESSORIES:
 110 V A/C Adapter Regulator Mag Card Rdr# _____
 Printer Paper Printer Ribbon Casio # _____
 Mouthpieces Carrying Case Dry Gas
 Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return:

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/C WARR</u>
<u>6808486</u>	<u>PLATE</u>	<u>1</u>	<u>N/C WARR</u>
<u>MPCMR 71</u>	<u>7110 CMR</u>	<u>1</u>	<u>N/C WARR</u>
<u>MPLABOR</u>	<u>LABOR</u>	<u>.5</u>	<u>N/C WARR</u>

Repair Notes:

Service Technician: AL

Date: 04-10-08