

RA# _____

Intek Corporation - South

9618 Jefferson Hwy., Suite D217, Baton Rouge, Louisiana 70809
225-293-1506 * 800-554-3130 * Fax: 225-926-1232

Bill to Address:

Ship to Address:

Company: _____

Company: _____

Address: _____

Address: _____

Attention: _____

Attention: _____

City: _____ State: _____ Zip _____

City: _____ State: _____ Zip _____

Please describe problems and any special instructions: (use additional sheet if necessary)

Instrument Model number: _____ Serial Number: _____

Please indicate method of return shipping and insurance requirements.
(At your expense, Intek Corporation - South has the right to select freight carrier and delivery method if not completed. Your instrument will be minimally insured unless otherwise requested).

Carrier: _____

Shipping Account # _____ Insure for: \$ _____

Technical Contact: _____ Phone #: _____

Has Instrument been exposed to HAZARDOUS SUBSTANCES? _____ YES _____ NO NOTE: The federal "RIGHT TO KOW" law requires this information. If yes, please fill section below:

Compound: _____ Decontamination Method: _____

Person confirming decontamination: _____ Phone: _____

The following data pertains to the specific instrument being returned and repair order:

A purchase order number is required before any work can be performed including estimates of the repair. We do accept credit and purchase card numbers.

Signature of Authorized Person: _____ Date: _____

Please Print Name: _____ Title: _____

Authorized person's phone number: _____ Fax# _____

***Please include RA # on all paperwork for repair.