

RMA Equipment Repair Form

Thank you for selecting NDT Electronics for your equipment repair needs. In order for us to handle your repair efficiently:

1. Complete page 1, read and sign page 2 of RMA Form
2. Return RMA form by email to (ccollins@mferentals.com), Attention: Repair Department
3. Include a completed copy of this completed RMA with your equipment before shipping for evaluation.

PLEASE NOTE: Incomplete forms result in delays. Please contact the NDT Electronics Point of Contact Name listed below if you have any questions.

RMA Information
Date (format: xx-xx-xx)
RMA Number

Customer Contact Information	
Company	
Customer Point of Contact (POC)	
(POC) Phone Number	(POC) E-Mail Address

NDT ELECTRONICS Point of Contact (POC) Information
Name
Phone Number
E-Mail Address

Ship to Address For Evaluation
NDT ELECTRONICS
RMA #
536 Stone Road, Suite G-H Benicia, CA 94510

Enter Equipment Information
Type of Equipment
Make
Model
Serial Number

Enter Issues Noted

Select Shipping Account Option
<input type="checkbox"/> Use NDT ELECTRONICS Shipping Account: Bill Customer
<input type="checkbox"/> Use Customer Shipping Account. Details Below:
Shipping Company
Account Number

Select Return Shipping Delivery Option
<input type="checkbox"/> Priority Overnight/Next Day
<input type="checkbox"/> 2 Business Days
<input type="checkbox"/> 3-5 Business Days
<input type="checkbox"/> Standard Ground

Authorizer Details for Repair & Payment
Authorizing Contact Name
Position
Phone Number
E-Mail Address

Select Approval
<input type="checkbox"/> Call w/Estimate
<input type="checkbox"/> Pre-Approved
<input type="checkbox"/> Warranty
<input type="checkbox"/> Other

Return Address to Ship Repaired Equipment
Company Name
Street Address (Can Not ship to PO Boxes)
Suite or Department
Ship to City, State, and Zip Code

RMA Equipment Repair Form Terms and Conditions

1. By sending NDT ELECTRONICS, your company's equipment, you, the Authorizer for the repair and payment as indicated on the page one of this RMA, are agreeing to its terms and conditions on behalf of your company.
2. RMA must be filled out completely to begin process.
3. Be sure to include a printed copy of the RMA when shipping your company's equipment for evaluation.
4. Be sure to pack equipment well, in a strong box with adequate padding, to protect it from damage during shipment.
5. All equipment will be shipped via NDT ELECTRONICS's shipping account and billed to customer unless requested otherwise by customer via page one of this RMA Form.
6. Equipment shipped on NDT ELECTRONICS's shipping account will not be insured unless noted otherwise by customer.
7. NDT ELECTRONICS is not responsible for any delays in shipment or loss of equipment during shipment.
8. NDT ELECTRONICS will send, via email, the repair evaluation quotation to the POC and the Authorizer listed on page one of this RMA. Repair of equipment will commence after NDT ELECTRONICS, receives approval, via email or fax, from the Customer and a form of payment.
9. If paying by credit card, Customer must provide credit card information upon repair quotation approval. If paying for repair by credit (terms net-30), Customer must provide a P.O. via e-mail or fax upon repair quotation approval. Once payment option has been received by NDT ELECTRONICS, the repair process will begin. NDT ELECTRONICS, accepts MasterCard, Visa, and American Express credit cards.
10. Customers who wish to set up net-30 payment terms with NDT ELECTRONICS, must fill out and submit a completed Request for Terms form, and receive approval from NDT ELECTRONICS, Accounting Department before P.O. can be accepted. For those who are using the NDT ELECTRONICS, 's shipping account, and do NOT have approved terms, a credit card will be required before shipping equipment in for evaluation. NDT ELECTRONICS's terms are Net-30 from date of invoice, which is also the date repaired equipment is return shipped.

I have read, understand and am authorized to contract on behalf of the Customer named on this RMA, and will abide by the terms and conditions set forth in this RMA document.

Printed Name of Authorizer	Signature of Authorizer	Date Signed

Enter RMA Information
RMA #
Receive Date
Diagnostic Date

Diagnostics Report

Status
<input type="checkbox"/> Repaired
<input type="checkbox"/> Inspected
<input type="checkbox"/> Invoiced
<input type="checkbox"/> Shipped

Repairs made:

Inspected By: _____ **Date:** _____