



Return Material Authorization (RMA) Form

Complete this form and fax or email to LACO. This form, with assigned RMA #, must be included with the shipment.

RMA #: _____ (as assigned by LACO) LACO Contact: _____
 Date: _____ Customer PO #: _____ (if applicable)

CUSTOMER INFORMATION

Billing	Shipping
Company Name	Company Name
Address	Address
City, State, Zip	City, State, Zip
Contact Name	Contact Name
Phone	Phone
Fax	Fax
Email	Email

PRODUCT DESCRIPTION

Part #	Serial #	Contact Name	Description / Symptoms / Problems

PURPOSE OF PRODUCT RETURN (SELECT ALL THAT APPLY)

Repair/Service *NOTE: A \$175 evaluation/inspection fee applies for products not repaired.*

Evaluate, test, and call before proceeding.

Tear-down, inspect, and call with price quote before proceeding.

Proceed with repair. Price not to exceed: \$ _____

Calibration

Return for

Exchange Credit Refund

Warranty Evaluation

Return shipment by: _____ PP & Add Collect Reg 2-Day Overnight

Shipping account # or other comments: _____

HAZARDOUS MATERIAL DECLARATION

List all chemicals or gases that have been in contact with the equipment.

In compliance with Federal OSHA Safety Standard 1910-1200, Hazard Communications "Right to Know", LACO Technologies requires this section to be completed to preclude potential health risks to personnel that can occur when receiving, disassembling, or servicing potentially contaminated equipment. LACO cannot accept any biological hazards, radioactive material, organic metals or mercury-contaminated equipment.

Customer Signature Required: _____

RECEIVING INSPECTION

To be completed by LACO Personnel		
Item Inspection/Date	As Listed Above	Additional Items - Describe:
Damage	No Damage	Product Damaged - Describe:
Shipping Container(s)	Discard	Save (mark containers with RMA #) - Describe:
Other Comments	Supplier/Vendor RMA #	