

RMA/WARRANTY REQUEST

Requestor Information

Name:

Title:

Phone #:

Shipping Address

Business Name:

Address:

City/State/Zip/Co:

Equipment information (to help us locate the order)

TML Order # (found on packing list/invoice):

Your original PO#, if available:

To secure return of defective equipment

New PO # : or

Credit Card #:

Exp date:

Billing Address

Business Name:

Address:

City/State/Zip/Co:

Warranty Request:

Equipment Model:

Serial #:

Defective Part #:

Description of problem:

OR Return Request:

Reason for Return:

Part not needed Wrong part ordered

Received part different from ordered part

Other _____

Part number(s) being returned & Qty:

Warranty Request shipment method:

- Standard shipping is ground service - Teledyne Monitor Labs will pay as part of the agreement.
- Expedited - customer is responsible for shipping fees.

Preferred Carrier:

Freight Charge No.:

Charges will be billed to the Purchase Order or Credit Card used to secure the return of the defective equipment.

Warranty Exchange Policy

- 1 A Warranty Exchange requires a Purchase Order or Credit Card (Visa or MC) to secure the return of the defective equipment. If the defective equipment is not shipped back to Teledyne Monitor Labs within 30 days after shipping the replacement item, the customer's Purchase Order or Credit Card will be charged the current list price of the item sent.
- 2 The customer is responsible for any damages incurred during shipment of the defective equipment to Teledyne. Damaged shipment issues must be resolved between the Customer and the shipping company directly.
- 3 Teledyne Monitor Labs recommends returning the defective equipment in the packaging materials received with the replacement equipment.
- 4 If Teledyne Monitor Labs determines, at its sole discretion, that damage to the defective equipment is **NOT** covered under warranty; then Teledyne Monitor Labs will apply any non-warranty exchange fees for the replaced items to the Customer provided Purchase Order or Credit Card used to secure the return of the defective equipment.

Accepted by _____ Date _____

Office use only:

RA#

Original

Ship Date

Warranty

End Date

Attach this form to the completed Warranty/No Charge Authorization