RMA Application Form

This form **must be completed in full and returned** to calibration@kenelec.com.au before we can issue you with an RMA number. **Goods will NOT be received** by Kenelec Scientific **unless clearly identified with your issued RMA number**.

Office Use Only

Issued RMA #: Date:

Billing Details *must include a **purchase order** number*

Company Name:

Billing Address:

State: Postcode:

Purchase Order #: **« this field must be completed**

Delivery Details *must be a **physical address**, not a PO Box*

Company Name:

Delivery Address:

State: Postcode:

Contact Details

Contact Name: Phone:

Contact Email:

Unit Details *please include the **serial number, equipment ID** or **customer ID** for each unit, and **details of issue / fault** if applicable*

Instrument (make / model)	Serial Number / Equipment ID	Reason for Return

If **any** of the units listed are **faulty**, please provide details / further information below:

Have **any** of the units listed been potentially **exposed to toxic or hazardous substances** (eg asbestos)? ☐ Yes ☐ No

Please be advised that you are required to ensure that your instrument, components and case are free of any dust, dirt or contamination and can be safely handled. Any cleaning or decontamination that may be required will be charged and may result in a delay to your service job.

Do you require **a rental unit**? ☐ Yes ☐ No *Discounts apply. Our Rental Department will contact you regarding availability and pricing.*

Return Method *how you would like your unit **returned to you** when work has been completed; please select an option below;*

1. Pick up from Melbourne Office ☐
2. Customer to arrange ☐ Freight Company: Account #:
3. Kenelec Scientific to arrange (standard freight costs apply) ☐

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