

RETURN AUTHORIZATION FORM

CALL OR EMAIL service@climatronics.com FOR RA #. INCLUDE THIS FORM WITH ITEM(S) BEING RETURNED.

(SHADED AREA TO BE COMPLETED BY CLIMATRONICS.)

RA #: _____

DATE REQUIRED: _____

BILL TO CUSTOMER #: _____

SHIP TO CUSTOMER #: _____

BILLING ADDRESS:

SHIPPING ADDRESS: CHECK HERE IF SAME AS "BILL TO"

PURCHASING AGENT: _____

TECHNICAL CONTACT: _____

PHONE: _____

PHONE: _____

P/O #: _____

ESTIMATE REQUIRED: Y N WARRANTY:

NOT TO EXCEED \$: _____

REASON FOR RETURN: _____

EQUIPMENT RETURNED

PART NUMBER	S/N	DESCRIPTION	CONDITION

INITIALS: _____ JOB #: _____ DATE RECEIVED: _____ RECEIVED VIA: _____ RETURN VIA: _____

NEW ITEMS SUPPLIED

PART NUMBER	S/N	DESCRIPTION	NOTES

WORK PERFORMED: _____

PARTS \$: _____

LABOR \$: _____

NEW ITEMS \$: _____

CALIBRATIONS \$: _____

SHIPPING \$: _____

REPAIRED BY: _____

TOTAL REPAIR COST \$: _____

DATE COMPLETED: _____



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