



Internal use only: RMA #: _____ Date: _____

RMA Request Form

1. Complete this form and return with the unit.
2. Please ship ALL accessories used with this unit (power cord, hose, cuff).

Company Name: _____

Technical Contact:

Name: _____

Phone: _____

Model: _____ (e.g. 8100, 9300, 8720, Compact TS, Select Portable)

Serial Number: _____ (e.g. 8100-H1234)

Description of Problem: _____

Method of return Shipping:

Overnight
 2 day
 3 day
 Ground