DICK MUNNS COMPANY
LIQUID & GAS FLOW CALIBRATION
11133 Winners Circle, Los Alamitos, CA 90720
Phone(714) 827-1215
www.dickmunns.com

# Return Material Authorization (RMA) Form for Calibration Services

**Customer Information:**

Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Billing Address:

Shipping Address (if different):

**Payment Form**: [ ] credit card [ ] check [ ] Purchase Order [ ] Other: _____

**Return Shipping Preferences:** Shipping Carrier: [ ] UPS [ ] FedEx [ ] DHL [ ] Other: _____

Shipping Account Number (if applicable): _____ Insurance Required: [ ] Yes [ ] No

**Instrument Information:** (fill out the next page if there is additional items)

Manufacturer: _____

Model Number: _____

Serial Number: _____

Description of Instrument: _____

**Fluid Special Conditions or Test Points:**

Specify any fluid special conditions required:

_____

Specify test points if applicable:

_____

**Service Request Details:** Type of Service Requested: (Check all that apply) [ ] Calibration [ ] Repair [ ] Functional Testing [ ] Other (please specify): _____

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Reason for Service:

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**Previous Calibration Information:** Date of Last Calibration: _____
Calibration Provider: _____

## Additional Item(s)

**Additional Item Details:**

| Item Description | Model Number | Serial Number (if applicable) | Reason for Service |
|---|---|---|---|
| | | | |

**Special Conditions or Test Points:**

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**Additional Notes/Special Instructions:**

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**Terms & Conditions:**

1. All returns must include a copy of this RMA form.
2. The customer is responsible for shipping costs unless otherwise agreed.
3. Calibration services are performed according to industry standards.
4. Any additional repair costs will be communicated before proceeding.
5. Turnaround time is estimated and subject to change.

**Customer Authorization:** I hereby authorize the calibration service provider to proceed with the requested services and acknowledge the terms and conditions stated above.

Signature: _____ Date: _____