

# REPAIR AUTHORIZATION FORM

**RETURN TO:**

**Drummond Scientific Company**

ATTN: Craig Murray - Ext. 145  
 500 Parkway Broomall, PA 19008-4293  
 Phone:1-800-523-7480 / Fax:610-353-6204  
[craigmurray@drummondsci.com](mailto:craigmurray@drummondsci.com)

COMPANY NAME: \_\_\_\_\_ RGA#: \_\_\_\_\_

Warranty repairs will be returned by Ground service at Drummond's expense.  
 Non-warranty repairs returned at the customer's expense. Choose shipping method:

Ground       Air Service (2 day)       Next Day

Customer Freight Account: \_\_\_\_\_

**Payment Options: Credit Card or Purchase Order      Return Shipping Information**

<b>Credit Card Information: (3% Service Charge) (Drummond Sci will provide a secure payment link)</b>	Company Name:
Credit Card Holder Name:	Attn:
Credit Card Holder Email:	Phone#:
Credit Card Holder Phone Number:	Address:
*****	Dept. / Bldg. / Rm:
<b>Purchase Order Number:</b>	City:                      State:                      Zip:
Submit to <a href="mailto:orders@drummondsci.com">orders@drummondsci.com</a>	E-Mail Address:

**PLEASE DESCRIBE SPECIFIC PROBLEM:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE DECONTAMINATE UNIT(S) BEFORE RETURNING**

**BY SIGNING THIS FORM, I HEREBY CERTIFY THAT THE ABOVE UNIT(S) HAVE BEEN DECONTAMINATED.**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH RETURN. EQUIPMENT WILL NOT BE REPAIRED WITHOUT THIS FORM. PLEASE SEND RETURN TO THE ABOVE ADDRESS. THANK YOU.**

**PLEASE DO NOT WRITE BELOW THIS LINE**

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ITEM#	SERIAL#	COST	CHARGER Y/N	REPAIR CODE