

CAL-TEK CO. INC.

RMA FORM

COMPANY: _____

CONTACT: _____ E-MAIL: _____

TELEPHONE: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Unit(s) Being Sent In:

Manufacturer:	Model:	Description:	Serial Number:

Service Required / Reported Problems:

Special Instructions:

RMA #: _____ Issued Date: _____ Issued By: _____

Please note: A \$75 evaluation charge will apply if the unit is non-repairable or you choose not to approve the estimate for repair. If repair is approved, evaluation charge will be waived.

Acknowledgement of Evaluation Charge: _____