



# Request for Authorization

Please Fax Form To: 801-491-3806

Company Name	
Address	_____ _____
Contact Name	
Phone Number	
Fax Number	

Please Select Reason for Request:	<u>Repair</u>	<u>Exchange</u>	<u>Return</u>
	Warranty <input type="checkbox"/>	In Advance <input type="checkbox"/>	Out of box failure <input type="checkbox"/>
	Out of Warranty <input type="checkbox"/>	Upon Receipt <input type="checkbox"/>	Other <input type="checkbox"/>

PO# item ordered on:	Treaty Equipment
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Item	Model #	Serial #	QTY	Problem Reported
1				
2				
3				
4				
5				

Return Method:	Ground <input type="checkbox"/>	Air-1 Day <input type="checkbox"/>	Air-2 Day <input type="checkbox"/>	Air-3 Day <input type="checkbox"/>
	Other <input type="checkbox"/>	Carrier Name:		

Please fill in both Bill to and Ship to address:	Bill To:	Ship To:

Complete this form and fax to Customer Service for authorization to return units for repair, exchange, or credit. No returns will be accepted without prior written approval. After receiving the faxed authorization clearly mark the **RETURN NUMBER** on the outside of the carton. Any delivery without authorization may be refused. AUTHORIZATIONS ARE VALID FOR 60 DAYS

FOR OFFICE USE ONLY		
Return #:	Date:	Input By: