

Return to Manufacturer Authority

RMA Number: _____



FOR BARCODE QUALITY

3262 Hardisty Avenue, Cincinnati - OH 45208 - www.axicon.com
Phone : (513) 871 6657, Fax : (513) 871 6433 - pb@axicon.com

Company Name: _____
Contact name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

DETAILS OF DAMAGE or FAULTS:

Please specify: _____

Product **Model**: _____
Serial Number: _____
Purchase date: _____

METHOD OF PAYMENT

Credit Card

CC Number: _____

Name on Card: _____

Expiry Date: _____ CCV #: _____

Signature: _____

Established Axicon account

PO Number: _____

LOANER required (circle one) YES NO

All accessories returned with verifier must be listed. Axicon does not accept responsibility for unreturned items that are not listed. (Please circle item in the IN column):

Carry case	IN	OUT
Data / power cables	IN	OUT
Start-up guide	IN	OUT
Calibration card	IN	OUT
Software CD	IN	OUT
Battery charger	IN	OUT
4 AA Batteries	IN	OUT
Other:		
.....	IN	OUT
.....	IN	OUT

FOR AXICON USE ONLY

Date received: _____

External Inspection findings:

Date returned: _____

Amount charged: _____

Comments: _____

LOANER

Loaner No: _____ Date sent: _____