

Service Return Form



Ship to: BC Group International, Inc.
 3081 Elm Point Industrial Drive
 St. Charles, MO 63301 USA
Attention: Service Department
Phone: 888-223-6763 or 1-314-638-3800
Fax: 1-314-638-3200
Web: www.bcgrouptntl.com
Email: service@bcgrouptntl.com

Save 5%
Send in this form (with all 4 sections completed) with your equipment & we'll take 5% off your Calibration Fees!
(Note: U.S. Customers only. Not valid for Int'l., Rush, subcontracted work or w/other discounts.)

REQUIRED: Billing/Shipping Information Below

	Your Billing Address:		Your Shipping Address:
Section 1	Company: _____		_____
	Address: _____		_____
	City: _____		_____
	State/Prov.: _____ Postal Code: _____		_____
	Country: _____		_____
	Contact: _____		_____
	Phone #: _____		_____
	Fax #: _____		_____
	Email: _____		_____

REQUIRED: Payment Information Below

Section 2	<input type="checkbox"/> We will pay via Purchase Order	(Approved open account with BC Group & hard copy Purchase Order required)		
	Purchase Order # _____	Open accounts for U.S. customers only.		
	Hard-Copy Purchase Order is: <input type="checkbox"/> Enclosed <input type="checkbox"/> Being faxed <input type="checkbox"/> Being emailed <input type="checkbox"/> Being Mailed			
	<input type="checkbox"/> We will pay via Credit Card	Number: _____	Expires: _____	
	Name on Card: _____	Signature: _____		
	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover	CCV # (last 3 digits on sig. area): _____		
<input type="checkbox"/> We will pay via C.O.D. (U.S. destinations only)				
<input type="checkbox"/> We will pay via Wire Transfer (non-U.S. only)				

REQUIRED: Return Shipping Information Below

Section 3	Ship via --> FedEx (We will ship FedEx Ground Unless otherwise specified.)
	Please note, our default shipping method is signature required. We must receive authorization in writing to ship without signature. There is an extra charge to ship to a residence.
	Other: _____
	<input type="checkbox"/> I request delivery of product without signature required.
	Signature _____
	<input type="checkbox"/> Ground <input type="checkbox"/> Overnight-AM/Priority <input type="checkbox"/> Overnight-PM/Std. <input type="checkbox"/> 2-Day Air <input type="checkbox"/> 3-Day Economy <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Prepay & add freight to my charges <input type="checkbox"/> Charge my account with chosen carrier, Acct# _____

REQUIRED: Product Information Below

Section 4	Mfr: _____	Model: _____	Asset # _____
	Serial #: _____	Equipment Type: _____	BC # _____
	Accessories Included: _____		
	Reason for Sending: <input type="checkbox"/> Routine Cal. <input type="checkbox"/> Repair & Cal. <input type="checkbox"/> Service Warranty <input type="checkbox"/> New Product Warranty <input type="checkbox"/> Other:		
	Calibration Cert./Out of tolerance data provided. Additional Readings: <input type="checkbox"/> Before/After Data (Additional 50% of cal price)		
	Failure Symptoms/Comments - Please be as specific as possible:		
	Mfr: _____	Model: _____	Asset # _____
	Serial #: _____	Equipment Type: _____	BC # _____
	Accessories Included: _____		
	Reason for Sending: <input type="checkbox"/> Routine Cal. <input type="checkbox"/> Repair & Cal. <input type="checkbox"/> Service Warranty <input type="checkbox"/> New Product Warranty <input type="checkbox"/> Other:		
	Calibration Cert./Out of tolerance data provided. Additional Readings: <input type="checkbox"/> Before/After Data (Additional 50% of cal price)		
Failure Symptoms/Comments - Please be as specific as possible:			