

# Service Return Form



Ship to: BC Group International, Inc.  
 9415 Gentry Avenue  
 St. Louis, MO 63125 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: Shipping/Billing Information Below

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

## REQUIRED: Payment Information Below

|                  |   |   |
|------------------|---|---|
| <b>Section 2</b> | <input type="checkbox"/> We will pay via Purchase Order <span style="float: right; background-color: yellow; padding: 2px;"><small>(Approved open account with BC Group &amp; hard copy Purchase Order required)</small></span> |   |
|                  | Purchase Order # _____  | <small>Open accounts for U.S. customers only.</small> |
|                  | <b>Hard-Copy Purchase Order is:</b> <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 <span style="float: right;">CCV # (last 3 digits on sig. area): _____</span>      |   |
|                  | <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)  |   |
|                  | <b>Maximum Amount Authorized</b><br><b>(Regardless of payment method)</b>   | \$ _____  |

## REQUIRED: Return Shipping Information Below

|                  |   |
|------------------|---|
| <b>Section 3</b> | Ship via $\longrightarrow$ (We will ship via FedEx unless otherwise specified): _____   |
|                  | <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

|   |   |                       |
|---|---|-----------------------|
| <b>Section 4</b>  | Mfr: _____  | Model: _____          |
|   | Serial #: _____   | Equipment Type: _____ |
|   | Accessories Included: _____   |                       |
|   | <b>Reason for Sending:</b> <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)   |                       |
|   | <b>Failure Symptoms/Comments</b> - Please be as specific as possible: _____   |                       |
|   | Mfr: _____  | Model: _____          |
|   | Serial #: _____   | Equipment Type: _____ |
|   | Accessories Included: _____   |                       |
|   | <b>Reason for Sending:</b> <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)   |                       |
|   | <b>Failure Symptoms/Comments</b> - Please be as specific as possible: _____   |                       |
| Mfr: _____  | Model: _____  |                       |
| Serial #: _____   | Equipment Type: _____   |                       |
| Accessories Included: _____   |   |                       |
| <b>Reason for Sending:</b> <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)   |   |                       |
| <b>Failure Symptoms/Comments</b> - Please be as specific as possible: _____   |   |                       |