



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.bcgrouppintl.com
 Email: service@bcgrouppintl.com

REQUIRED: Billing/Shipping Information Below

Section 1	Your Billing Address:	Your Shipping Address:
	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 # _____	<i>Open accounts for U.S. customers only.</i>
	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.
	Other: _____
	<input type="checkbox"/> I request deliver 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 (handling fee will be added) 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:			