

Service Return Form



Ship to: BC Group International, Inc.
 Attn: Service Department
 3081 Elm Point Industrial Drive
 St. Charles, MO 63301 USA

Contact: Ph: 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

Section 1	Your Billing Address:				Your Shipping Address (if different):			
	Company:				Company:			
	Address:				Address:			
	City:				City:			
	State/Prov:		Postal Code:		State/Prov:		Postal Code:	
	Country:				Country:			
	Contact:				Contact:			
	Phone #:				Phone #:			
	Fax #:				Fax #:			
	Email:				Email:			

REQUIRED: Select Payment Method

Section 2	We will pay via Purchase Order Purchase Order # _____ Purchase Order is: Enclosed Being faxed Being emailed Being Mailed		Requires Preapproved Open Account with BC Group & Purchase Order (Open Accounts are only available for U.S. customers)
	We will pay via Credit Card: MasterCard Visa American Express Discover Credit Card # _____ Expires: _____ CCV # (last 3 digits on back or for AMEX 4 on front) _____ Name on Card: _____ Signature _____		
	<input type="checkbox"/> We will pay via C.O.D. (U.S. destinations only)		
	<input type="checkbox"/> We will pay via Wire Transfer		

REQUIRED: Select Return Shipping Method

Section 3	Return shipments are via FedEx Ground - Signature Required unless an alternate method is specified.	
	Use Alternate Shipping Method: FedEx UPS Other _____ Ground Overnight-AM/Priority Overnight-PM/Std. 2-Day Air 3-Day Economy Other: _____	
	Select Freight Payment Method: Prepay & add freight to my Invoice Charge my freight Account # _____ <small>(\$20 handling fee per box will be added)</small>	
	Ship <u>No Signature Required</u>: By my signature below I authorize BC Group to ship without requiring a Receipt Signature. <div style="text-align: center;"> Must be signed -----> Signature _____ </div>	

REQUIRED: Product Information

Section 4	Item 1	Mfr:	Model:	Asset #:
	Serial #:		Equipment Type:	BCID #:
	Accessories Included:			
	Service Required: Calibration Repair & Cal New Product Warranty* Service Warranty* Other: _____			
	For Warranty Items Only - * Call for RMA# before shipping (RMA # _____)			
	Calibration Type: ANSI Z540 (Standard) ANSI Z540 w/Data (50% add) ISO 17025 (Call to check availability)			
	Failure Symptoms/Comments: (Please be as specific as possible)			

Note: A \$50.00 Evaluation Fee may apply if quoted repairs are not approved.