



Return Material Authorization (RMA) Request Form

All information must be completed and a Purchase Order received before a RMA will be issued.

Company Name: _____ Date: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Please select the preferred method of communication: Phone Email: Fax:

**Minimum Evaluation
Calibration Estimate:
Quote Valid for 30
days ***

(*Units requiring repairs will be priced accordingly and quoted aft
evaluation, in the event a customer decides not to proceed with
repairs or replacements the minimum evaluation cost will be
applied to your PO or creditcard)

Your Bill To Address:	Your Ship To Address:

UNITS TO BE RETURNED: Has the returned product been exposed to hazardous or contaminated substances **Yes** **No**
If **YES** the product must be decontaminated prior to return

Model Number	Serial Number		Model Number	Serial Number		Model Number	Serial Number

Reason for return: Repair*: Calibration: NIST Calibration: Other*

***Comments/ Repair Details:** _____

- Please provide a detailed description of repair issues. If details are not provided, a standard system check will be performed and if the equipment meets manufacturer specifications it will be returned "as is" at standard evaluation cost. If you still experience issues, GE Sensing will not be responsible for any additional charges.

Do you require "As Found/ Received" Data*? Yes No ***Additional charges may apply**

Preferred Shipping Method: _____ Freight Collect Account#: _____

PO Number/ Credit Card # & exp date: _____

- **Please attach a copy of Purchase Order – RMA WILL NOT BE ISSUED WITHOUT A HARD COPY OF YOUR PURCHASE ORDER REFLECTING QUOTED CHARGES**
- Please return via fax to 814-781-7969 or email to stmaryscc@ge.com
- GE will issue a RMA number and label for you to return your equipment to us. **Label must appear** on the outside of the shipping carton and the number on any paperwork submitted to GE

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