



# Timing Service Return/Repair Form

## Customer Information

|                                      |  |            |  |
|--------------------------------------|--|------------|--|
| Contact Name                         |  |            |  |
| Organization                         |  |            |  |
| Address                              |  |            |  |
| City / State / Zip                   |  |            |  |
| Phone Between 9-5 EST                |  | Cell Phone |  |
| Email                                |  |            |  |
| Date of Original Purchase (if known) |  |            |  |

## Product Information (to be filled in by customer)

|  |   |   |   |
|--|---|---|---|
| Serial Number:   | Product Description:                    |   |   |
| Problem:   |   |   |   |
| Previously Serviced <input type="checkbox"/> Date  | Under Warranty <input type="checkbox"/> | Tune Up <input type="checkbox"/>  | Calibration Required <input type="checkbox"/>   |
| Action Requested: Evaluate <input type="checkbox"/> Replace <input type="checkbox"/> Repair <input type="checkbox"/> | Date Required:                          | Loaner Required: Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Action Taken (RRS Use Only)  |   |   |   |
| Date In  | Evaluated                               | Repaired  | Warranty Yes <input type="checkbox"/> No <input type="checkbox"/> Loaner Yes <input type="checkbox"/> No <input type="checkbox"/> |
| RTV #  | Date Out                                | Tracking Number   | Date Back   |
| Returned To Customer   | Order Number                            | Tracking Number   |   |

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|--|---|---|---|
| Serial Number:   | Product Description:                    |   |   |
| Problem:   |   |   |   |
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| Action Requested: Evaluate <input type="checkbox"/> Replace <input type="checkbox"/> Repair <input type="checkbox"/> | Date Required:                          | Loaner Required: Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Action Taken (RRS Use Only)  |   |   |   |
| Date In  | Evaluated                               | Repaired  | Warranty Yes <input type="checkbox"/> No <input type="checkbox"/> Loaner Yes <input type="checkbox"/> No <input type="checkbox"/> |
| RTV #  | Date Out                                | Tracking Number   | Date Back   |
| Returned To Customer   | Order Number                            | Tracking Number   |   |

