



SUNTRAC SERVICES, INC
INTERNATIONAL Return Goods Form
(THIS FORM SHOULD BE FILLED OUT AND SENT WITH YOUR SHIPMENT)

Instrument(s) returned for: Calibration Efficiency Repair Other

Bill to address:

Company:

Contact:

E-mail:

Address:

Phone/Fax Number:

Ship to address: Same as Bill To

Company:

Contact/Technician:

E-mail:

Address:

Phone / Fax Number:

Shipping Account#

Return Shipment VIA: FedEx UPS DHL

Check Source Included: Yes No

	<u>Instrument Model</u>	<u>Serial Number</u>	<u>Probe Model</u>	<u>Serial Number</u>
1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Malfunction Symptoms, Special Instructions, etc. (reference item listed from above; ex. 1,2,3,4)

Please check the appropriate billing option:

Charge Credit Card
 Visa MasterCard Amex

Purchase Order Call for Payment E-Mail

Card #:

PO#:

Exp.: CCV:

Contact:

Name On Card:

Phone/Fax:

E-mail:

SHIPMENT MUST BE DELIVERED TO OUR DOOR IN LEAGUE CITY, TEXAS WITH ALL DUTIES AND TAXES PREPAID.