



SUNTRAC SERVICES, INC

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:

City:

State: Zip:

Ship to address: Same as Bill To

Business Residential

Company:

Contact/Technician:

E-mail:

Address:

City:

State: Zip:

Phone / Fax Number:

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 #:

Exp.: CCV:

Name On Card:

E-mail:

PO#:

Contact:

Phone/Fax:

E-mail:

SHIPPING INFORMATION: All packages will be shipped back UPS ground service unless otherwise specified. We cannot ship to Post Office Boxes, street addresses ONLY. Shipping charges will vary quantity, as to item(s), weight, size and destination.

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