



EQUIPMENT RETURN FORM

First Name: _____ Last Name: _____

Agency Name: _____ Email: _____

Telephone: _____ Fax: _____

Shipping Address: _____

Attention To: _____

City/State/Zip/Country: _____

Billing Address: _____

City/State/Zip/Country: _____

Customer Purchase Order No: _____ Customer No: _____

If paid by credit card circle one: Visa / Master Card / American Express

Card No.: _____ Expiration Date: _____

Authorization Name on the Card: _____

Qty.	Line #	Equipment	Serial #	Problem <small>(use additional sheet if necessary)</small>

Requested Action *circle one*: Credit My Account / Replace / Repair

Comments: _____

Authorization Signature: _____ Date: _____

Return equipment to:

14014 NE Salmon Creek Ave
Vancouver WA 98686
Phone: (360) 573-0202
Fax: (360) 573-2064