



Instructions for completing this form

In order for us to expedite your request quickly, please print this form, complete this form by printing neatly and provide as much information as possible. Once we have reviewed this request, we will either accept or deny the request. If accepted, a Return Materials Authorized (RMA) number along with instruction on where to send the item will be issued to you.

Today's Date		Company Name (the responsible party)		Contact Person	
Office Number		Fax Number		E-mail Address	
BILLING ADDRESS					
Address				City	State
				Zip Code	
SHIPPING ADDRESS					
Address				City	State
				Zip Code	
PRODUCT FOR REPAIR					
INJECTIDRY	<p>Please indicate which item you are asking to return for repair:</p> <p>HP FAMILY</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  <p><input type="checkbox"/> HP60 Clam Shell Style (latches on front) Manufactured from 1996 - 2004</p> <p><input type="checkbox"/> HP90 Clam Shell Style (latches on front) Manufactured from 1996 - 2004</p> </div> <div style="width: 45%;">  <p><input type="checkbox"/> HP60 Sealed Top - current model Manufactured from late 2010 - present</p> <p><input type="checkbox"/> HP-PLUS Sealed Top - current model Manufactured from Dec 2011 - present</p> </div> </div> <p><input type="checkbox"/> HP60 Sealed Top Manufactured from 2004 to late 2010</p>				
CEP	<p>Please indicate which item you are asking to return for repair:</p> <p>Temporary Power Boxes</p> <p><input type="checkbox"/> 6506GU <input type="checkbox"/> 6508GU <input type="checkbox"/> 7706GU <input type="checkbox"/> 99577 <input type="checkbox"/> 99577C</p>				
GANN	<p>Please indicate which item you are asking to return for repair:</p> <p>Gann Meters</p> <p><input type="checkbox"/> Compact A <input type="checkbox"/> Compact B <input type="checkbox"/> Blueline Compact B <input type="checkbox"/> RTU 600</p>				
Part Number	Hours	Serial Number	Was the unit exposed to any liquids (explain/describe)?		
If under warranty, please supply copy of original invoice		Where purchase from?		Date of purchase?	
Details (include what you heard, saw, what type of job the unit was being used on when it failed - positive or negative drying):					
Please package the equipment with 2" of cushioning around the entire perimeter. We will provide you a shipping address and RMA # to place on the outside of the packaging. DO NOT SHIP until you have received authorization to do so as we do accept shipments without a RMA # or collect.					
Signature		Print Name		Title	Date

FAX BACK TO 425.745.8480 or email to repairs@injectidry.com