

Return Material Authorization

RMA# Issued:	

Information Request About the Equipment:							
Model No.		Serial No.			Warranty Claim (Y/N)		
Primary & Alte Name:	rnate Customer Co Telep		-ax:	E-Ma	ail		
Shipping and	Billing Informati	on:					
	Shipping			Billing			
Attn: P.O. No. Suite / PO Box Street City, State, Zip							
Nature of Ser	vice Requested, Sy	mptoms Observed	d, Additional l	Information &	Special Instructions:		

Please fill out any blank boxes as completely as possible and enclose a copy of this RMA with your outbound shipment to the address captioned above. If you have any questions about this form, please contact our service department at 301.696.5550

Credit Terms: Effective 17 August 1998, all Potomac Instruments, inc. parts and service invoices will be restricted to one of the following:

- 1) Credit Card Transaction (Visa, Master Card or American Express)
- 2) Payment in Full prior to shipment (CIF)