



A.P. BUCK INC.

Request for IAQ Product R.M.A. #

<b>For Office Use Only</b>	
R.M.A. #	_____
Date :	_____

Please complete & Fax this Form back to Customer Service at 407-851-8910 and we will call you with the R.M.A. number.

Contact Name : \_\_\_\_\_

Fax : \_\_\_\_\_

Phone # : \_\_\_\_\_

Email : \_\_\_\_\_

Company Name & Billing Address :

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Name & Shipping Address :

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Method Of Payment :

Check sent with unit     Wire Transfer     UPS COD     Credit Card

Visa     Master Card     AMEX     Discover

Name on Card: \_\_\_\_\_

Credit Card Number : \_\_\_\_\_ Expiration : \_\_/\_\_\_

Signature of card holder: \_\_\_\_\_ Card Security Code \_\_\_\_\_

Serial Number :

BioAire		BioCulture		LinEair	
BioSlide		Aerotrap		MicroFlow	
BioAire Rotameter		BioSlide Rotameter		Calibration Head	

Type Of Service :

- Evaluation Only @ \$25     Single Pack New Battery @ \$50     Tune Up @ \$75  
 Calibration Head for Bio Culture Pump @ \$100     Rotameter Calibration @ \$50  
 Pump Tune Up & Rotameter Calibration @ \$ 100

Reason For Return :

Damaged Flow Cell    Won't Turn-on    Battery Problem    Other

Explanation Of Problem :

\_\_\_\_\_

Return Shipment Method :

- Ground     Two Days  
 Overnight     Three Days

Shipment Charges :

- Pre-Pay and Add To The Order Using UPS  
 Freight Collect Using:  UPS     FEDEX     DHL

Collect Account # : \_\_\_\_\_

Signature Of Authorization : \_\_\_\_\_ Date : \_\_\_\_\_

Note : Please put R.M.A. # on the outside of your Box and include one form per Unit. Ship to address below.