



MEDICAL

www.cspmedical.com

# Return Authorization Form

- Please complete all sections accurately to ensure proper processing.
- Each item returned must be assigned a Case Number.
- If you have not been assigned one for this return, please call 800-265-3460 ext. 27.
- **NEW** — You can now track the status of each case online. Requires e-mail address.

*This form is part of our ISO 9002 quality system to provide our customers with consistent, quality service from CSP Medical.*

<b>Customer Reference Numbers</b>	P.O.#	Ref#
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<b>C O N T A C T</b>	Company		
	Contact Name:		
	Dept.:		
	Phone:	Ext.:	Fax:
	E-mail:		<input type="checkbox"/> Prefer Case status online (no extra charge)

<b>S H I P P I N G</b>	<b>BILL TO ADDRESS</b>	<b>SHIP TO ADDRESS (if different)</b>
		<b>ATTN:</b>
	Return method: <input type="checkbox"/> Ground Service <b>OR</b> <input type="checkbox"/> Rush Air Service (extra cost)	
Return billing: <input type="checkbox"/> Prepay & Bill <b>OR</b> <input type="checkbox"/> Collect Courier _____ Acct# _____		

<b>T A X</b>	I declare this purchase is	<b>GST Exempt</b> <input type="checkbox"/> #	<b>PST Exempt</b> <input type="checkbox"/> #
	<b>PLEASE NOTE THAT FIRST TIME ORDERS REQUIRE DOCUMENTATION FOR TAX EXEMPTION STATUS.</b>		

<b>E Q U I P M E N T</b>	CASE #	MODEL #	SERIAL #	DESCRIPTION	Calib.	Repair	Credit
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PLEASE LIST ANY EXTRA ITEMS (CABLES, ADAPTERS, CASES, ETC.)</b> Please send complete systems (meter, detectors, cables, batteries, cords, cases, etc.)							
<b>PLEASE DETAIL SYMPTOMS, INSTRUCTIONS, ETC.</b>							

**SHIP TO: CSP Medical 1055 Sarnia Rd • Unit B1 • London, ON • N6H 5J9 • ATTN: SERVICE DEPT.**

<b>C S P</b>	<b>Internal Use by CSP</b>		
	<input type="checkbox"/> Return to Manufacturer	Manufacturer's RA# _____	Date to Manufacturer: _____
	<input type="checkbox"/> Place in CSP Stock	<input type="checkbox"/> Customer Invoice Credited	Date of Credit: _____