

<b>Section 1 Customer Information</b>	
Company: _____ Ship to Address: _____	Bill to Address (if different): _____
City: _____ State: _____ Zip: _____ Country: _____	City: _____ State: _____ Zip: _____ Country: _____

Attention: _____	Email: _____
Phone: _____	Fax: _____
System Serial Number (Required) _____	Hour Meter Reading (Required): _____

**Section 2 Check reason for return:**

<input type="checkbox"/> Repair and Return	<input type="checkbox"/> Wrong Merchandise
<input type="checkbox"/> Defective Part for Warranty Replacement	<input type="checkbox"/> Other-Explain _____

Please describe problem: \_\_\_\_\_

**Section 3 Parts Being Returned:**

RB P/N	QTY	DESCRIPTION (and Serial Number if applicable)	UNIT PRICE	TOTAL PRICE

**SECTION 4 - PLEASE COMPLETE ONE OF THE SECTIONS BELOW:**

**A) Repairs**

For parts under warranty, you must provide the Machine Serial Number and the Machine Hours. For parts out of warranty, please provide a purchase order number for repairs.

Would like us to expedite this repair?  Y  N Preferred ship method: \_\_\_\_\_

**\*EXPEDITE REPAIRS:** A \$100 expedite fee applies for each individual component repaired.

**B) Warrant Replacement**

Was part replaced during service call?  Y  N Name of RB Engineer: \_\_\_\_\_

I authorize Rofin-Baasel, Inc. to invoice our company the full purchase price of this part if the defective part is not returned to Rofin-Baasel, Inc. within 30 days of receipt of the warranty replacement

Authorized signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Signature is required for all items replaced under warranty.

**C) Wrong Merchandise** (Returns may be subject to 10% restocking fee)

Please explain: \_\_\_\_\_

Originally ordered under PO#: \_\_\_\_\_ Request Credit?  Yes  NO

RB INTERNAL USE ONLY:	Approved: _____	Yes / No _____	By: _____
Restocking Fee?	Yes/No _____	Credit Freight?	Yes/No _____

RB RMA Number:

Date:

SO# Assigned: