



RMA # \_\_\_\_\_

Date: \_\_\_\_\_

EPC Contact: \_\_\_\_\_

Please FAX completed form and include copy with returned equipment.  
FAX: 978-777-3955 or Email to: sales@epclabs.com

Recorder Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

Assy Description: \_\_\_\_\_ Part No. \_\_\_\_\_

Shipping Address	Bill to Address

Customer

E-mail: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Contact: \_\_\_\_\_

**Description of RMA:**


check one: MC VISA P.O.# \_\_\_\_\_

card#:	expiration date:
Name of cardholder:	

Shipping Preference: \_\_\_\_\_

\* Only one Recorder, Assembly or Part per RMA.