

**Empire Scientific  
151 E. Industry Court  
Deer Park, NY 11729  
Phone: 631-595-9206  
Fax: 631-595-9384**

**Fax**

**To:** Our Valued Customer

**From:** Empire Scientific

**Fax:**

**Date:**

**Phone:**

**Pages:**

**Re:** Return Merchandise Authorizations **Cc:**

**As of January 1, 2006**

**EMPIRE'S RETURN POLICY WILL BE STRICTLY ENFORCED.**

**When requesting an RMA number from Empire, always use the attached form. Make sufficient copies for future use.**

**Complete all pertinent information, required fields and fax it to (800) 343-5733. An RMA number will be issued and faxed back to you. Enclose a copy as a packing list with your merchandise.**

**An RMA number entitles you to product evaluation only and does not authorize credit or replacement of product. That is done by the receiving department only.**

**The RMA number is effective for up to 30 days.**

**The RMA number must be written on the outside of EACH box or the box(es) will be refused.**

**Thank you for your cooperation.**

**EMPIRE SCIENTIFIC PRODUCT RETURN FORM RMA # \_\_\_\_\_**  
**USE AS PACKING LIST - MUST PUT RMA # ON OUTSIDE OF EACH BOX.**

**AN RMA# ENTITLES YOU TO PRODUCT EVALUATION ONLY AND DOES NOT AUTHORIZE CREDIT OR REPLACEMENT OF PRODUCT. THAT IS DONE BY THE RECEIVING DEPARTMENT ONLY!**

EMPIRE PART NUMBER	QTY RETURNED	QTY RECEIVED <small>(EMPIRE USE ONLY)</small>	UNIT PRICE	INVOICE/ ORDER #	REASON FOR RETURN (DO NOT LEAVE BLANK)	IF LOW CAPACITY, WHAT ARE TEST RESULTS	WARRANTY/DATE <small>(EMPIRE USE ONLY)</small>	QUANTITY RETURNED <small>(EMPIRE USE ONLY)</small>

**\*\*Providing an invoice # will expedite processing\*\***

PRODUCT RETURN BY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

\*STORE NUMBER: \_\_\_\_\_

\*PHONE NUMBER: \_\_\_\_\_

\*COMPANY NAME/ADDRESS \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

\_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

\*CREDIT \_\_\_\_\_ \*REPLACEMENT \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

\*ACCOUNT NUMBER \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

**\*OUT OF WARRANTY PRODUCT  
(CHECK ONE ONLY)**

\_\_\_\_ PLEASE RECYCLE

**PLEASE RETURN PRODUCT AT MY EXPENSE**

\_\_\_\_ USE UPS # PROVIDED UPS# \_\_\_\_\_

\_\_\_\_ BILL ME - ADD UPS CHARGES TO NEXT INVOICE

\*REQUIRED FIELDS (IF NOT FILLED IN - RETURN SUBJECT TO REFUSAL

IF WARRANTY FIELD IS NOT CHECKED OFF PRODUCT WILL BE RECYCLED