

# THE SCALE PEOPLE, INC.

SUBSIDIARY OF S.P.I. LTD.

9693-C Gerwig Ln., Columbia, MD 21046 • 708-H Gum Rock Ct., Newport News, VA 23606



Visit us on the WEB at

**SCALEPEOPLE.COM**

## RETURN MATERIALS AUTHORIZATION FORM

**RMA #**

**DATE:**

### PLEASE INCLUDE COMPLETED FORM WITH REPAIR/CALIBRATION ITEMS

**Company:**

**Email:**

**Contact:**

**Phone:**

**Previous Customer?**

**Yes**

**No**

**Fax:**

### EQUIPMENT FOR REPAIR / CALIBRATION

Manufacturer

Model

Capacity

Serial Number

Service Fee Estimate

**Subtotal**

Calibration Interval is normally 12 months. If different interval is requested, please note below. Basic service fee includes: cleaning, inspection and sticker certification of unit.

**CUSTOMER COMMENTS:**

### TYPE OF SERVICE

**Calibration** (Certificate available at additional cost)

**Repair**

**Warranty**

Please Add Non-ISO Calibration  
Certificates for **\$7.50** per piece

Please Add ISO Calibration  
Certificates for **\$15.00** per piece

### TURN-AROUND TIME

**Standard (5-7 Days)**

**3-4 Business Days\*\***

**1-2 Business Days\***  
(Subject to parts in stock)

**Need by date:**

\* Subject to 20% Premium or \$35.00 whichever is greater. Must call to schedule

\*\* Subject to 10% Premium or \$20.00 whichever is greater. Must call to schedule

Additional shipment cost will apply for parts not in stock

# THE SCALE PEOPLE, INC.

SUBSIDIARY OF S.P.I. LTD.

9693-C Gerwig Ln., Columbia, MD 21046 • 708-H Gum Rock Ct., Newport News, VA 23606



Visit us on the WEB at

**SCALEPEOPLE.COM**

## RETURN MATERIALS AUTHORIZATION FORM

**RMA #**

**DATE:**

### RETURN SHIPMENT INSTRUCTIONS

SHIP VIA

ACCT #

Shipment Type:

SHIP TO:

BILL TO (if different):

Attn:

CUSTOMER COMMENTS:

### CUSTOMER AUTHORIZATION TO PROCEED

**NOTE: Service of instruments will NOT commence without complete authorization.**

**NOTE: Check below the below selection you wish to apply, if unexpected repairs or service are required**

FINISH service and bill for any additional parts or services, as long as cost dos not exceed:  
1/2 replacement cost of instrument OR \$

Interrupt the service, develop new estimate and request authorization to proceed.

(This option will delay service beyond requested delivery date)

Stop service, return instruments and bill us the Technical Evaluation Fee of \$ 65.00

**PURCHASE ORDER #**

**CREDIT CARD#**

**EXPIRATION DATE**

**NAME ON CARD**

**CUSTOMER SIGNATURE**

**DATE**