



1020 Campus Drive West
Morganville, NJ 07751
Dept: Arometrix
Phone: (240) 492-6556
Email: shipping@arometrix.com

You have requested authorization to process or return the following:

Model #: _____ Serial #: _____ PO#: _____

Repair

Before we can issue an agreement for return of the material identified above, the following must be filled out and signed by an informed and responsible member of your organization:

WAS THE PRODUCT EVER EXPOSED TO, OR DID IT EVER CONTAIN HAZARDOUS MATERIALS? **YES__NO__**

If yes, you must completely identify all materials, answer the following inquiries, and attach the appropriate MSDS forms:

()Poisonous ()Corrosive ()Mercury ()Radioactive ()Oxidizer ()Biological/ Infectious
()Flammable ()Carcinogen ()Acetonitrile ()Trichloroethylene ()Copper ()Other _____

Describe the Material Type:

HAS THE PRODUCT BEEN PROPERLY CLEANED SO THAT IT IS SAFE FOR HUMAN HANDLING? **YES_____ NO_____**

ARE THERE ANY ADDITIONAL PRECAUTIONS THAT NEED TO BE TAKEN?
YES_____ NO_____

If yes, please describe in detail:

NAME: _____ **COMPANY:** _____

SIGNATURE: _____ **TITLE:** _____

DATE: _____ **PHONE#:** _____

Arometrix relies on the accuracy of your responses to protect the safety of our employees. You must provide correct information. Please email to shipping@arometrix.com