

McAllister Technical Services

REQUEST TO RETURN OR SHIP GOODS AUTHORIZATION

This form must be completed prior to returning equipment to McAllister Technical Services (MTS) for evaluation, repair, refurbishing, trade-in or replacement. Please fully complete this form for each piece of equipment being returned, sign it and send a copy to MTS (FAX 208-772-3384). If approved, a Return Authorization Number (RA#) will be issued.

Goods returned (other than for repair) may be subject to a restocking charge. Customer must return the goods (a) in the condition originally received by Customer, (b) free from any damage, use or modification, (c) in the original packaging and (d) with all manuals and accessories provided by MTS.

The return shipment documentation must include a copy of this completed Request as well as an MTS Decontamination & Safe Handling Certificate if required. The package label must clearly show the RA#.

Return all items to the following address:

McAllister Technical Services, ATTN: RA# _____, West 280 Prairie Avenue, Coeur d'Alene, ID 83815

Equipment Type: _____

Model Number: _____ MTS Job #: _____

Original Purchase Order #: _____ Purchase Date: _____

REASON FOR RETURN (Be specific and attach additional sheets if needed):

DECONTAMINATION & SAFE HANDLING CERTIFICATION

Have the return goods ever been exposed internally or externally to toxic, hazardous or dangerous chemicals and/or materials? Customer response: YES NO

If Customer response above is "YES", the MTS Decontamination & Safe Handling form must be completed.

The undersigned Customer certifies to MTS that (a) all information provided in or with this Request is true and complete and (b) all return goods have been properly and completely cleaned, decontaminated and made safe to handle.

The undersigned Customer hereby accepts full responsibility for, and agrees that Customer will indemnify, defend and hold harmless MTS and its employees, agents and all other persons from and against, any harm, injury, loss or expense arising from or out of (i) the condition of the return goods or (ii) any inaccuracy, incompleteness or misrepresentation by Customer in this Request. (*Signee must be an agent of the organization*)

Print Name: _____ Date: _____

Signature: _____ Title: _____

Company Name: _____ Phone: _____

MTS USE ONLY

McAllister Technical Services **APPROVES** _____ **DECLINES** _____ the above request to return/ship goods.

Approved by: _____ Date: _____ **RA#** _____

McAllister Technical Services reserves the right to refuse any items that do not include a Return Authorization or Certification of Decontamination & Safe Handling. Such items will be returned un-serviced at the senders expense.