



**PARTICLES**  
PLUS

# RMA - Service & Calibration Request Form

This document MUST accompany your instrument

Contact Name \_\_\_\_\_  
Company \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

RMA number (please call for RMA)  
\_\_\_\_\_

### Return Ship to Address

Company \_\_\_\_\_  
Ship to Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Please state if these instruments have been exposed to any hazardous, radioactive or biological agents: Yes \_\_\_ No \_\_\_ If yes, please state exposure:  
\_\_\_\_\_

Brand and Model of Equipment

Serial Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CUSTOMER AGREES TO A \$150.00 DIAGNOSTIC FEE IF INSTRUMENTS RETURNED FOR CALIBRATION OR SERVICE REPAIR IS RECEIVED BY AIRY TECHNOLOGY AND FOUND NOT FUNCTIONING OR THE UNIT IS UNABLE TO BE CALIBRATED.**

Service Requested (specify calibration, etc.)  
\_\_\_\_\_

### Options:

Calibration \_\_\_\_\_

For As-Found Data  
(additional US \$130.00)

Service (\$150.00 Diagnostic Fee Applies) \_\_\_\_\_

For Expedited Service  
(additional US \$130.00)

If requesting Expedited Service, shipping box must be marked "EXPEDITE" on 3 sides of box

Temp/RH  
(additional US \$200.00)

Please state any known issues for service, repair or special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

### Shipping Method

Prepay and Add (UPS ONLY) Type of Service (Next Day, 2nd Day, Ground) \_\_\_\_\_

Freight Collect Carrier \_\_\_\_\_ Acct.# \_\_\_\_\_ Type of Service \_\_\_\_\_

**\$25.00 REPACKAGING FEE APPLIES TO ANY SHIPMENT RECEIVED WITH PACKAGING PEANUTS, PAPER SHREDS OR THE BOX IS DAMAGED TO THE POINT THE INSTRUMENT CANNOT BE SAFELY RETURNED TO THE CUSTOMER.**

**Payment Information: ALL CHARGES ARE PREPAID UPON COMPLETION OF SERVICE**  VISA  MASTERCARD  AMEX  
**PURCHASE ORDERS ARE NOT ACCEPTED FOR ANY SERVICE/CALIBRATION WORK LESS THAN \$1,000.00**

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please substitute credit card number with contact and phone number of person responsible for payment if card number not provided here.  
By filling out this form and submitting instrument for service customer agrees to these terms. <http://particlesplus.com/termsandconditions/>

Ship your return to:  
Particles Plus, Inc.  
31 Tosca Drive  
Stoughton, MA 02072 USA  
Phone: +1-781-341-6898

**IMPORTANT NOTICE: CUSTOMER MUST SAVE ALL RECORDED DATA, LOCATIONS & RECIPES, AND USER SETTINGS, AS THEY CAN BE ERASED DURING SERVICE AND/OR CALIBRATION. PLEASE CONSULT YOUR USER MANUAL FOR INSTRUCTIONS.**