

****Please complete this form and send it with your return****

RETAILER INFORMATION

Contact: _____ Date: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State/Prov.: _____ Zip Code: _____

Model #: _____ Serie #: _____ date of purchase: _____

CHECK LIST

(to be completed by the retailer)

1 Does the instrument shows signs of abuse, misuse, or is it damaged?		2 Has the instrument been tested with a new battery?		3 Has the probe or electrode been cleaned in a cleaning solution?		4 Has the instrument been tested with a new probe or electrode?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DESCRIPTION OF THE PROBLEM

