

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

## **RETAILER INFORMATION**

Contact:				Date:		
Company:				Phone:		
Address:				Fax:		
City:	State/Pro			v.: Zip Code:		
Model #:	t: Serie #:			date of purchase:		
	(to		<b>K LIST</b> d by the retailed	er)		
Does the instrument shows signs of abuse, misuse, or is it damaged?	<b>2</b> Has the instrument been tested with a new battery?		Has the probe or electrode been cleaned in a cleaning solution?		Has the instrument been tested with a new probe or electrode?	
YES NO	YES	NO	YES	NO	YES	NO
	DESCRI	PTION O	F THE PRO	BLEM		
Please note that the follow HI9811-5 / HI9813-5 / HI982			and not repla	ced		
The testers will be checked before proceeding with the		eam				

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