

Repair /Calibration Request Form



Date:

Customer information			
Company name			
User name			
Item/Model #			
Serial #		EKO Invoice #	

Service Details	
Request	<input type="checkbox"/> Repair <input type="checkbox"/> Calibration
Option	<input type="checkbox"/> ISO17025 certificate *only for MS-80/60/40 series and MS-57
Description of Issue	
	*Please describe when and how the problem occurs. To help us diagnose the issue effectively, please email a few photos of the product and its installation environment along with this form.
Additional Comments	

Note: We will provide an estimate after pre-inspection upon arrival. If additional issues are found, further repairs may be required. Repair / calibration work will only begin upon your approval of the estimate, and our acceptance of your PO.

Shipping back after work	
Requested Return Date	*Subject to availability
Address to ship back (Company name/ Address/Phone)	Company Name:
	Address:
	Contact person name:
	Phone:

Note: Original packaging may be replaced with new materials if necessary to ensure the safety of the return shipment. We are unable to guarantee the return of the original packaging without your special comment.

➔After submitting this form, we will provide you with specific Return Shipment Instructions and RMA number.

Any additional comments

For Office use only