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 service@mark-10.com ■ www.mark-10.com

# RETURN AND SERVICE FORM

Assigned by a Mark-10 representative

RMA #

## IMPORTANT:

Please complete all fields of this form to ensure that your Mark-10 products are processed quickly and accurately. If we should quote your distributor, complete the appropriate fields in the "Quote To" section. Include this form with your Mark-10 products when shipping them to us.

If a purchase order is available, please include a printed copy.

Ensure that the items are packaged securely (preferably in their original packaging) to prevent damage during shipment, especially for low capacity instruments. For Series TT03 / MGT / R50 / STJ torque measuring instruments with capacities of 50 ozFin (35 Ncm) or less, it is essential to reinsert the original protective tubing around the chuck. Contact Mark-10 if you are missing this tubing.



R50 shown with protective tubing installed

A \$75.00 evaluation fee will apply, however, it is waived if the quoted services are ordered.

## Quote To:

Company:\* \_\_\_\_\_

Name:\* \_\_\_\_\_

Email:\* \_\_\_\_\_

Telephone:\* \_\_\_\_\_

Fax: \_\_\_\_\_

Billing Address 1: \_\_\_\_\_

Billing Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov:\* \_\_\_\_\_ Zip/Postal Code:\* \_\_\_\_\_

Country: \_\_\_\_\_

## RETURNED ITEMS

Qty.	Model No.	Serial No.

Ship To:  Same as Quote To address

Name:\* \_\_\_\_\_

Company:\* \_\_\_\_\_

Email:\* \_\_\_\_\_

Telephone:\* \_\_\_\_\_

Fax: \_\_\_\_\_

Shipping Address 1: \_\_\_\_\_

Shipping Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Prov:\* \_\_\_\_\_ Zip/Postal Code:\* \_\_\_\_\_

Country: \_\_\_\_\_

Action Requested:\* (check all that apply)

- Calibration     
  Calibration with Before & After Data     
  Calibration and Repair     
  Repair     
  Calibration with B & A and Repair  
 Calibration-indicator and sensor separately     
  Return     
  Other (complete Comments field)

## COMMENTS

\*Required fields

Cut out the mailing label(s) below and affix to your packaging

**MARK-10 CORPORATION**  
**SERVICE DEPARTMENT**  
**11 DIXON AVENUE**  
**COPIAGUE, NY 11726 USA**  
 RMA # \_\_\_\_\_

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