

Request for IAQ Product R.M.A.

For	Office Use Only
R.M.A. #	
Date:	

RMA numbers can be generated same day at www.buckservice.com, scroll down and click on 'More Info' below your unit type - or - you may fax your RMA form to 407-851-8910 and we will contact you within 1-2 business days.

Contact Name:					
Phone #:			Email:		
Company Name & Billing Address:		dress:	Company Name & Shipping Address:		
			-		
			-		
☐ Credit c	ard* □ Wire Tra	ansfer □ Ch	neck Purchase	Order (Establishe	d customers only)
			t www.apbuck.con	•	• • • • • • • • • • • • • • • • • • • •
payments' a	at the top of the	page. * If we	are not shipping '	Collect', using yo	ur freight
account nur	mber, then we w	ill at the time	e of shipping provid	de you with your	
freight cost s	so that you can g	o online to p	rocess the total am	nount due for yo	ur order.
Serial Numb	er:				
BioAire		BioCulture		LinEair	
BioSlide		Aerotrap		MicroFlow	
BioAire Rotameter		BioSlide Rotameter		Calibration Head	
Rotameter		Kotametei		Head	
Type Of Serv	<mark>vice:</mark>				
Evalua	ntion Only @ \$25		_ Tune Up @ \$100 (RioCulture RioA	ire RioSlide)
	y: 3000mAh NiMH			Dioculture, Biort	ne, bioside)
			lture Pump @ \$185		
	re/BioSlide Rotame		•		
			totameter Calibration	@ \$185	
	-	-			NOT include rotameter
calibration.)		-			
All-inc	clusive BioAire/Bio	oSlide <i>Repair</i>	& Rotameter Calibra	ation @ \$400	
Reason for Re					
Maintenance	eWon't Turn-	onBattery 1	ProblemOther		
Explanation o	f Problem (if appl	icable):			
Return Shipment Method:			Shipment Charges:		
\square Ground	☐ Ground ☐ Two-Day		\square Pre-Pay and Add to the order using UPS \square		
Overnight	t \square Three-D	Day	Freight Collect Using: UPS FEDEX HDHL		
			Collect Accou	nt #:	
Signature of Authorization:			Date:		
Note: Please write the R.M.A.# on the outs			ide of your Box & include a copy of this completed sheet with the		

shipment to the address below: