

CIH Equipment Company, Inc.

1806 South Highland Avenue, Clearwater, Florida 33756 Phone: 888.873.2443/727.584.5063 | Fax: 727.581.5921



info@cihequipment.com

Work Order Form

Do I need a RMA Number? CIH does not require you obtain a RMA number from us prior to shipping in your equipment to us for calibration or repair services. We do however, **REQUIRE**, a work order form to be included in every shipping package so our receiving department has the specific contact and billing information along with the type equipment and service requested.

| BILL TO: | | | SHIP TO: | Check if same as billi | ng |
|--------------------------|---------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|
| Contact Name: | | | Contact Name: | | |
| Company: | | | Company | | |
| Address: | | | | | |
| Address 2: | | | _ Addross 2: | | |
| City: | | | | | |
| State: | | | State: | | |
| Zip/ Postal Code: | | | Zip/ Postal Code: | | |
| Country: | | | Country | | |
| Phone | | | DI | | |
| e-Mail Address: | | | e-Mail Address: | | |
| Shipping Method: | Carrier: | [| _evel of Service: | | |
| | Account #: | | nsurance (optional) | | |
| | | | Il default carrier to FEDEX Gro | ound shipping and bill o | customer accordingly * |
| BILLING INFORMATIO | N: CREDIT CARD / | PO | # | | |
| DILLING INFORMATIO | N. CREDIT CARD | FO | Fxn Date: | CVV: | 7in· |
| | | | Exp. Date: | | Zip |
| Manufacturer | Model # | Serial # | Manufacturer | Model # | Serial # |
| | | | | | |
| | | | | | |
| Additional Equipment: | | | | | |
| Services Requested: | | | | | |
| Special Instructions: | | | | | |
| Reason for Repair/Evalua | ation: | | | | |
| neuson for nepun, Evalue | | | | | |
| PLEASE NOTE: Repa | air estimates are b | ased on average r | epair costs for similar ed | quipment. Evaluat | ion service fees |
| | | = | be provided to you prior | | |
| | | | e not DOT authorized to | | |
| | | | TH THE EQUIPMENT, Industrial of the state of | | POWER |
| | | | | | |
| SIGNATURE: | | | Date: | | |

Rev: 2/2016-b