

RMA Repair & Return Material/ Goods Authorization Form	HDL Research Lab, Inc. Attn: Repair Dept. 406 W. Blue Bell Rd. Brenham, TX 77833-2348	HDL RMA# _____ Customer Ref# _____ Customer PO# _____
	Tel: 979.836.2300 Fax: 979.836.1056 <i>Receiving Dept open from 8 AM to 5PM CST</i>	

Company Name sending Goods:	
Address:	
City State Zip:	
Tel:	
Fax:	
Contact Person:	

Repair & Return if under 50% of Replacement Cost	Please Check () Yes () No	Authorized By:
Repair & Return up to:	Value USD\$:	Authorized By:
Purchase Order	PO #	Authorized By:

Item Name:	
HDL Part No.:	
HDL Serial No.:	
Customer's Part No.:	
Other Data or Information Enclosed with Product:	

Brief Description of Problem. Attach Addl Info, Data Sheets, Tests:

Repaired Goods Shipping Method Request:	
Company Name Repaired Goods Shipped To:	
Attn:	
Physical Address:	
City State Zip	
Tel:	
Fax:	

Company Name Invoice to be Mailed:	
Attn:	
Mailing Address:	
City State Zip	