

RMA Assignment Instructions



➡ Step 1: <u>Complete the RMA Request Form in full and email to</u>: <u>service@thwingalbert.com</u>

- After initial inspection a formal quotation will be emailed to you.
- An inspection fee of \$150.00 will be charged for any work that is not authorized for completion.
- NOTE: The following items require a completed form along with a purchase order or payment information before an RMA # will be assigned:
 - JDC Cutter Reconditioning
 - Check Weight Recertification
 - Gage Block Recertification
 - Insert Re-Rubber
 - Load Cell Inspection and Certification

Step 2: Pack Your Shipment

- If you do not have original Thwing-Albert packaging for your specific instrument, check the box on the form to request a quote.
- DO NOT USE STYROFOAM PEANUTS
- o Do not ship instruments in wooden crates
- Step 3: Clearly mark the outside of your box with your assigned RMA #
- Step 4: Ship RMA Items, Freight Prepaid to:
 - Thwing-Albert Instrument Company ATTN: RMA # XXXXX 14 West Collings Avenue West Berlin, NJ 08091

Shipping Tips to Remember:

- When sending in load cells (if applicable):
 Please wrap the connector end separately to ensure it does not hit the load cell during shipping.
- NOTE: Thwing-Albert recommends that you insure your package for full replacement value, in case of shipping damage and/or loss.



Thwing-Albert Instrument Company

* Indicates Required Fields

| Company Name:* | | | | | | | | | | |
|--|--|------------------------------|--|--------------------------------|--|------|--|--|--|--|
| Date: | | | | Do you need a packaging quote? | | No 🗆 | | | | |
| To Be Completed by Owner of Product | | | | | | | | | | |
| Contact Name:* | | Phone Number:* | | | | | | | | |
| Email Address:* | | Return To Street Address: | | | | | | | | |
| Authorized Signature:* | | City, State, Zip: | | | | | | | | |
| Ship Authorized Return Items, Freight Prepaid to: Thwing-Albert Instrument Company ATTN: RMA # XXXXX | | | | | | | | | | |

14 West Collings Avenue West Berlin, NJ 08091

Please include any relevant information that will assist in the repair or calibration of your unit. Examples: performance reports, detailed information regarding failure, circumstances and variables, any other information you feel is relevant to the repair of your unit, last calibration date.

| Unit No. | Part/Model Number* | Serial Number* | Details rega | rding reason for RMA | Ą | | |
|-------------------|-----------------------|-------------------|--------------|----------------------|------------|--|--|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| Internal Use Only | | | | | | | |
| RMA# lss | ued: | Date I | ssued: | | Customer # | | |

