



Lawson Hemphill Inc.

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RETURN AUTHORIZATION REQUEST FORM

RA# ISSUED:

Company:		
Contact:	Phone No.:	Fax No.:
E-Mail Address:	End User:	Fax No.:

Bill To Address:	Ship To Address:

Items To Be Returned *(This section must be fully completed prior to issue of the RA#)*

All accessories essential to the unit's operation and calibration must accompany the instrument(s) being returned. For detailed lists of accessories please contact the Lawson Hemphill Technical Service Dept.

Model / Part No.	Serial No.	Description / Reason For Return

<p>REPAIR POLICY</p> <p>Return Authorization Numbers must be marked clearly on all packages and paperwork returned. Shipment to LH shall be at the buyer's expense. Repaired or replaced items will be shipped F.O.B. our plant in Swansea, Mass. Physically damaged merchandise caused by shipping will not be accepted by LH.</p>	<p>WARRANTY ITEMS</p> <p>Return Authorization Numbers must be marked clearly on all packages and paperwork returned</p> <p>Shipment to LH shall be at the buyer's expense. Repaired or replaced items will be shipped F.O.B. our plant in Swansea, Mass. Physically damaged merchandise caused by shipping will not be accepted by LH.</p> <p>Items returned for warranty repair must be returned in their original shipping packaging. In the event this material is not available it may be purchased through LH. Units returned without original packaging material are subjected to full cost of replacement packaging.</p> <p>NOTE: PLEASE PACK THE UNIT VERY CAREFULLY TO AVOID ANY POSSIBLE SHIPPING DAMAGES.</p>
<p>SHIP TO</p> <p>Attn: RMA # Lawson-Hemphill, Inc. 1658 GAR Highway Unit #6 SWANSEA MA 02777</p>	

Customer Signature: _____ Date: _____

Please fill in [Bill to Address](#) and [Ship To Address](#) information and then send this form to our company office: