ATAGO USA Service Request Form

Directions: In order to have your ATAGO product inspected, please completely fill in the form below.

Any missing information could delay the inspection process.

Tips and Shipping information:

Ship To:

ATAGO USA Service Center 14432 SE Eastgate Way #450 Bellevue, WA 98007

- Clean unit thoroughly, otherwise a \$37.00 cleaning fee may apply
- Package instrument in original storage case if possible
- Use 2-3 inches of packing material on all sides when shipping
- Insure package for full value when shipping

Date:	Serv	vice Or	der	Number (RMA) #	ŧ R		
Your Company Name:					Accounts Payable Contact Info:		
Company Name on NIST Calibration	on Cert:				(Invoice Submit to:)		
Contact Name:					Contact Name:		
Shipping Address:					Address:		
City Phone:	State			Zip	city Phone:	State Zip	
Email:					Email:		
Instrument Information							
NIST Traceable Calibration *7-10 days turnaround.	YES [] NO		Model Name:	Model Name :	Model Name :	
Expedited NIST Traceable Calibration *2-3 days turnaround. Price varies depending on model.	YES [] по		Serial Number:	Serial Number:	Serial Number:	
Full Inspection/Diagnosis Only *NIST Traceable Cert is not included	YES NO To comply with health and safety at work, you are required to declare if any substance used or ATAGO instrument are hazardous. Please check all the boxes that apply:						
Preventative Maintenance (PM) This is not for handheld models. Only applicable for RX,AP, SAC-i, POL	YES [] NO		The product(•	adiological, biological, or chemical agents	
As Found, As Left Data (AFAL) *Additional \$30.00 for handhelds \$80.00 for benchtop / in-Line \$88.00 for RX-007α models] NO	NO 🗆			conjunction or exposed to radiological, ntaminated, rendering it safe for handling.	
					 Per our procedure, any data stored in your unit will be deleted. ATAGO will not be liable for restoring the data Please also note that shipping / handling costs are separate. 		
Additional Comments: If	you ha	ve issues	with	unit, <i>please include ar</i>	ny error messages, erroneous read	dings, or abnormalities.	
Payment Information: Se	ervice in	quiries m	nust b	e paid by ACH or credi	t card. We are not accepting check	k payment.	
Choose Card Type:	O VISA O MasterCard			MasterCard O MasterCard	O ACH (Wire Transfers)		
Card Number:							
Expiration Date:							
Signature					Date		

^{*} By signing above, I authorize ATAGO USA Inc. to perform initial inspection and understand that an inspection fee of

\$62.00 (+ Shipping and Handling) for handheld models and \$77.00 (+ Shipping and Handling) for highend models may be applicable. Once the instrument is received and inspected, ATAGO will provide a detailed diagnosis and quotation for repair/replacement. Approval will be required before any repair is performed or any charges are applied to the credit card. If inspecting under warranty, no inspection fee will be charged. A storage fee will be assessed after a 10-day grace period upon diagnosis and quotation for repair/replacement is provided. The storage fee is 5% of the MSRP of the devices and will be charged per day until the order is resolved.