

Quotation / RMA Request Form

Please enclose this form with any goods returned to Comark. If all questions are answered, it will help us to deal promptly with your instruments.

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| --- |
| Invoice Name and Address: |

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| --- |
| Deliver to Address:  *(only fill if different to invoice address)* |

|  |
| --- |
| Telephone/E-mail Address: |

|  |
| --- |
| VAT Number: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Line** | **Model** | **Serial Number** | **Performance Test** | **Repair** | **Certification Only** | **Traceable Certificate** | **Accredited/ UKAS**  **Certificate** | **Price**  **Total**  **(£)** | **Carriage**  **(£)** | **RMA** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |

## \*Prices exclude VAT\*

**Performance Test**: Includes minor repairs, testing to manufacturers specification, calibration check, adjustment and battery change.

**Repair**: Includes the above as well as parts required for the repair.

**Certification:** Calibration Certificate as found, e.g. no adjustment

**Traceable Certificate**: Only applies for Infrared and pressure instruments.

**Accredited Certificate**: UKAS Certificate

If repair selected please provide a detailed fault description below

|  |  |
| --- | --- |
| Line Number | Detailed Fault Description |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

|  |
| --- |
| Name for Certificate if different to delivery address. |

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| If a temperature calibration is required standard points will be used unless you have specified otherwise below. The uncertainty associated with the test measurements will be to our best ability. A recalibration period of 12 months will be stated unless otherwise specified. |

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| Purchase Order Number (mandatory): |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email completed forms to [service@comarkinstruments.com](mailto:service@comarkinstruments.com) for RMA number and costs before dispatching your equipment!

Failure to complete and enclose this form may result in your unit being quarantined. This could lead to an increase in the turnaround time in the service you have selected.

Thank you.