



Inter-Mountain Biomedical Services, Inc.

Service Return Form

To expedite your repair:

- Please complete this form when returning equipment for service.
- It is required that one Service Return Form be completed for each unit returned.
- Terms are Net 30 days OAC. No RMA number is required.

Ship To:


Inter-Mountain Biomedical Services, Inc.
 2155 MT Hwy. 35
 Kalispell, MT 59901
 Attention: Service Department

Mail To:

Inter-Mountain Biomedical Services, Inc.
 PO Drawer 2097
 Kalispell, MT 59903
 Attention: Service Department

PHONE: Voice: (800) 331-2186 FAX: (406) 752-5218

 **Model #:** _____ **Serial #:** _____

 **List all accessories included:** _____

NOTE: We are not responsible for accessories shipped and not listed above with service unit.

Reason for return:

Warranty (METRON USA® Only) _____ No known problems _____

NOTE: If "Warranty" is checked above, a problem must be listed on this form.

Comments/Problems: _____

NOTE: Requiring an estimate before work can begin will result in a longer turnaround time

Billing address:

Company Name:
 Address:
 City:
 State / Zip:
 Contact Name:
 Phone #:
 Fax #:
 Email Address:

Shipping address:

Company
 Address:
 City:
 State / Zip:
 Contact Name:
 Phone #:
 Attention:
 Email Address:

 **Required Information** 

PO# _____ Maximum Authorized _____

NOTE: We do require a copy of your purchase order.

Purchase order copy is:

Enclosed _____ Being Mailed _____ Being Faxed _____