



SHIP TO ADDRESS  
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## Return/ Repair Authorization Form

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

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

### For Repair and/or Calibration

Quantity	Model No.	Description	Serial Number	Reason Code
<i>Example: 1</i>	<i>SRG-1000</i>	<i>Surface Roughness Gauge</i>	<i>PH5021379</i>	<i>D</i>

### For Returns only

Quantity	Part No.	Description	PO# or Invoice#	Reason Code
<i>Example: 3pc</i>	<i>920-216</i>	<i>6" Dial calipers</i>	<i>36508</i>	<i>B</i>

### Reason Codes:

- A) Wrong Item Received
- B) Item Ordered in Error
- C) Item is Defective
- D) In Need of Repair
- E) In Need of Calibration
- F) Other: Describe in comments

☐ Return for Credit

☐ Return for Repair/Replacement

**NOTE:** Any item sent in for repair or calibration will be quoted prior to any work being performed.  
**IMPORTANT!** If your portable device uses rechargeable batteries we advise including your battery charger with the device.

### Comments:

## Return Policy:

All Phase II products must have authorization prior to return. If product is not acceptable for any reason including application issues and demonstrations, authorization for return must be obtained within 10 days of receipt of product. Unit must be in same new condition it was received. Failure to do so will result in an automatic 15% restocking fee. Returns after 30 days will not be accepted.

**ALL SERVICE AND REPAIRS MUST BE PAID IN FULL WITH CREDIT CARD**

*We accept Visa, MasterCard and Discover*