

OFI Testing Equipment, Inc.

Repair Order Form

Send Repairs To:
 11302 Steeplecrest Dr.
 Houston, TX 77065 U.S.A.



Phone: 713-880-9885
 Toll Free: 877-837-8683
 Email: sales@ofite.com
 Web: www.ofite.com

Please submit a separate form for each piece of equipment.

Serial #: _____

Are you sending accessories? None Case Other _____

SHIP TO: <i>(UPS will not ship to a P.O. Box)</i>	BILL TO:
COMPANY: _____	COMPANY: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
COUNTRY: _____ ZIP: _____	COUNTRY: _____ ZIP: _____
NAME/DEPT: _____	NAME/DEPT: _____
PHONE: _____	PHONE: _____
EMAIL: _____	
SHIP METHOD: _____	PO#: _____ <i>(Required)</i>

EQUIPMENT <i>(Check One)</i>
<input type="checkbox"/> 130-10-C Model 800 Viscometer
<input type="checkbox"/> 130-10 Model 800 (No Case)
<input type="checkbox"/> 130-76-C Model 900 Viscometer
<input type="checkbox"/> 130-76 Model 900 (No Case)
<input type="checkbox"/> 130-60 6-Speed Viscometer
<input type="checkbox"/> 132-00 Hand Crank Rheometer
<input type="checkbox"/> 165-00-1 10 mL Retort Kit
<input type="checkbox"/> 165-00 10 mL Removable Retort
<input type="checkbox"/> 165-80 20 mL Retort Kit
<input type="checkbox"/> 165-80-2 20 mL Electronic Retort Kit
<input type="checkbox"/> 165-14 50 mL Retort Kit
<input type="checkbox"/> 165-14-2 50 mL Electronic Retort Kit
<input type="checkbox"/> 170-00-1 175 mL HTHP Heat Jacket
<input type="checkbox"/> 171-55 250 mL HTHP Heat Jacket
<input type="checkbox"/> Other* _____

OPTIONAL PRE-WORK
<input type="checkbox"/> Report of "As Found" Condition Includes a certificate documenting the condition and calibration check of the instrument at the time it was received by OFITE. Additional \$100 charge applies.
<input type="checkbox"/> Diagnostic An estimate of charges for As Needed repairs based on a physical inspection of the instrument. Additional \$100 charge applies.

WORK REQUESTED <i>(Check One)</i>
<input type="checkbox"/> Certified Repair Fixed pricing. 5-business day turnaround. Fully refurbished with all parts known to fail. Includes calibration.
<input type="checkbox"/> As Needed
<input type="checkbox"/> Restock (Retort Only) <input type="checkbox"/> Consumables <input type="checkbox"/> Chamber <input type="checkbox"/> Condenser
<input type="checkbox"/> Warranty RMA # Required: _____

**Not available for Certified Repair*

Description of the problem or work to be performed:

If you have a warranty claim, contact your OFITE Sales Representative at 713-880-9885 or 877-837-8683 for an RMA number.
 OFITE warranties all products that have been operated and maintained in accordance with the guidelines in the instruction manual. New products and "Certified Repairs" come with a twelve (12) month limited warranty. Any equipment repaired "As Needed" comes with a ninety (90) day limited warranty.