



Beryl Technologies



1232 E Pomona St. Santa Ana, CA 92707

voice: (562) 698-2444

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fax: (714) 558-2441

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REPAIR SERVICE FORM (RMA)

Name _____ Phone Number: _____

Company _____ Fax Number: _____

Address: _____ City _____ Zip Code _____ ST _____

METER SERIAL#: _____ Tracking#: _____

Problem Description:

Calibration

Customer Signature: _____ PO#: _____ Date: _____

Instructions for sending BT2000 for service:

1. Fill out Repair Service Form (RMA)
2. Pack into Carrying Case
 - a. Meter
 - b. Sensor
 - c. Printer
 - d. Magnet Assembly (if necessary, do not send the Steel Plate)
 - e. any other damaged or service parts needing repair



3. Ship carrying case to
Beryl Technologies
Attn: RMA
1232 E Pomona St
Santa Ana, CA 92707

Customer must read carefully before sending the meter to Beryl Technologies, LLC. Beryl Technologies, LLC is not responsible for any test data stored on the meter, therefore customer needs to download or back-up all test results/data stored on the meter. Please sign above & provide purchase order # once you have fully read and agreed with the technician's recommendations. **Customer is responsible for insuring their shipments.** Beryl will not be responsible for any shipments not received at Beryl's Delivery Dock. **If the Meter, Sensor, and or Printer requires a cleaning to calibrate there will be an additional \$30 cleaning fee.**

This portion is for *Beryl Technologies, LLC* use only:

- | | | | | |
|----------------------------------|--|------------------------------------|---|---------------|
| <input type="checkbox"/> Meter | <input type="checkbox"/> Meter Adaptor | <input type="checkbox"/> Cal _____ | <input type="checkbox"/> 1. Receive/Review | Rec by: _____ |
| <input type="checkbox"/> Sensor | <input type="checkbox"/> Printer Adaptor | | <input type="checkbox"/> 2. Estimate/Approval | App by: _____ |
| <input type="checkbox"/> Printer | <input type="checkbox"/> Magnet Asmb | | <input type="checkbox"/> 3. Repair/Inspect/Test | RIT by: _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input type="checkbox"/> 4. Invoice/Ship | IS by: _____ |

Summary: _____

