



13131 WEST LITTLE YORK ROAD HOUSTON, TX 77041

PHONE: (713) 466-0277 (800) 231-1412 FACSIMILE: (713) 896-5224

Please read the conditions below before filling out this form.

1. All repair work is billed at \$100.00 per hour plus parts unless specified as a "Flat Rate Repair". The minimum charge for all repair work will be \$100.00. Payment terms are Net 30.
2. All returns must bear a VALID return authorization (RA) number. RA numbers are valid for 30 days from date of issue. RA numbers will be canceled after 30 days if not received. Any returns received without a valid number will be returned to you freight collect.
3. If this return is due to freight damage, it is your responsibility to first have the carrier inspect the material.
4. Toshiba will advise you of any damage incurred in shipment but will not be responsible for repair costs associated with shipping damage or filing claims. No work will be performed on equipment damaged in shipping pending your decision on filing a claim.
5. No collect shipments will be received. All freight, taxes, duties, fees, and bonds must be prepaid to our facility.
6. You will be notified upon completion of "Work requested" and will have 10 working days to respond regarding disposition of the equipment. After 10 days the equipment will be returned to you and you will be billed for all associated costs. All equipment will be returned to you UPS Ground or Truck unless otherwise specified.
7. An inspection charge will apply on all orders unless deemed warranty.

BILLING AND RETURN ADDRESS

Company Name _____
 Billing address: _____

 contact person: _____
 Phone # : _____
 Fax# : _____

Company Name _____
 Return shipping address: _____

 contact person: _____
 Phone # : _____
 Fax# : _____

UNIT / PART(S) RETURNED

Type form / model # : _____
 Application: _____
 Date installed: _____ Date failed: _____

Serial # _____
 Job or Project # (If applicable): _____
 Unit/part was purchased from: _____

Description: (if parts only)	Part Number	Qty

Description of Problem / Special Instructions: Please be specific. Attach additional sheets if required. If no description is given a basic function test will be performed to check operation. You will be responsible for costs incurred:

Has the unit / part been replaced: yes no sales order# for item being returned: _____
 sales order# for replacement item: _____

PO# (Required) : _____ Cost not to exceed: \$ _____ .00
 PO is required even if there are no charges incurred. (\$100.00 minimum)

WORK REQUESTED

- Warranty evaluation Repair and Return Estimate Repair Cost Other
- For warranty evaluation model number, serial number, date installed, and date failed must be provided**

IF DEEMED WARRANTY:

THE UNIT/PARTS WILL BE REPAIRED AND RETURNED, REPLACED OR CREDIT ISSUED TO CUSTOMER AT THE COMPANY'S DISCRETION.

IF WARRANTY IS DENIED...

- Estimate Repair Cost Scrap parts/Equipment Return Unrepaired Repair and Return

I would like this order expedited for an additional \$150.00 charge

Note: Warranty will not cover this charge.

This order was authorized and requested by (print name): _____

Customer signature: _____ Date: _____

(A signature is required to process your request)