YYYY

MM

DD

RETURN AUTHOR	IZATION REQUI	SITION	Requisition Number	r	Date of Requisition		
Customer Information	on		•		·		
Name:	ne: Fed. Tax ld#:						
Address:							
City:	State:			Phone #:			
Zip Code:	de: Country:		Contact Pers		erson:		
Service Request							
Item/Device		Serial #			Notes		
-							
		1					
		<u> </u>			1		
Droventative Mainter-	nce: Yes 🗆	No □					
Preventative Maintena Issues:	nce. res 🗆	INO 🗆					
Are accessories being s	hipped: Yes □ No						
(list all parts accompanying							
	,						
TERMS AND CONDIT	IONS						
1. Units under Warranty are not subject to service fee if the problem is confirmed. A \$250 service fee							
	the event that no p			•	·		
	·						
2. A \$250 eval	uation fee will be ap	plied for s	ervices that	are not app	proved by customer		
3. It is the resp	onsibility of the cus	tomer to e	ensure that a	ll items ret	urned to O-Two Medical Technologies	;	
for service o	or repairare fully clea	aned prior	to shipping.				
4. Any goods r	eceived in a contam	inated stat	e may be rej	ectedby ou	ur Service and Repair Department.		
Our Custom	Our Customer Service Department will inform you of the return of your goods in an un-serviced						
condition. A	condition. All costs involved in the return of these goods will be chargeable or, where						
possible, go	ods will be returned	collect.					
5. O-Two does	5. O-Two does not cover transportation insurance, therefore this is the Customer's sole responsibility.						
Upon appro	val from customer, o	chargeable	e services mu	st be prepa	aid by Visa or Mastercard.		
Special Instructions							
_	,						
Date: /	/		Signature:				

Name / Title