

First Biomedical, Inc.
Return Goods Authorization (RGA) Form

Please take a few moments to fill out this form completely and then fax it to us at 913-764-5282. We will contact you promptly with your RGA number. Thank you.

Date: _____

Company Name: _____

Account Number: _____
(4-digit number found on your packing slips and invoices from us)

Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Call with Estimate: Yes

If we should call someone other than the contact listed above, please provide that information below.

Estimate Contact Name: _____

Estimate Contact
Phone Number:

Would you like to pre-approve your repairs for a certain dollar amount? Pre-approval can speed up our average turnaround between 2 and 3 business days. This approval amount will be applied to all equipment shipped in on this RGA number.

ITEM #1	
Device Name/Model:	_____
The equipment listed above is in for:	
	<input type="checkbox"/> Re-certification
	<input type="checkbox"/> Repair
	<input type="checkbox"/> Evaluation
Pre-approved for:	\$ _____ (Specify dollar amount if desired)
Problem:	_____ _____

ITEM #2	
Device Name/Model:	_____
The equipment listed above is in for:	
	<input type="checkbox"/> Re-certification
	<input type="checkbox"/> Repair
	<input type="checkbox"/> Evaluation
Pre-approved for:	\$ _____ (Specify dollar amount if desired)
Problem:	_____ _____

ITEM #3

Device Name/Model: _____

The equipment listed above is in for:

- Re-certification
- Repair
- Evaluation

Pre-approved for: \$ _____ (Specify dollar amount if desired)

Problem: _____

ITEM #4

Device Name/Model: _____

The equipment listed above is in for:

- Re-certification
- Repair
- Evaluation

Pre-approved for: \$ _____ (Specify dollar amount if desired)

Problem: _____

ITEM #5

Device Name/Model: _____

The equipment listed above is in for:

- Re-certification
- Repair
- Evaluation

Pre-approved for: \$ _____ (Specify dollar amount if desired)

Problem: _____

ITEM #6

Device Name/Model: _____

The equipment listed above is in for:

- Re-certification
- Repair
- Evaluation

Pre-approved for: \$ _____ (Specify dollar amount if desired)

Problem: _____
