



# AHP RMA/WARRANTY SERVICE FORM

CUSTOMER/COMPANY NAME:

FOR WARRANTY REPAIR SHIP TO:

ADDRESS:

AHP Tools  
5141 Roane State Hwy.  
Rockwood TN 37854  
Attn: AHP Support

DAYTIME CONTACT PHONE #:

EMAIL:

Shipped Via (Carrier):

Return Via(Carrier):

REPAIR AUTHORIZATION STATEMENT: By signing below, I authorize AHP to make all necessary repairs to the unit listed below. I understand that abuse, intentional damage and neglect are not covered under warranty. If such a condition is discovered, I understand I may be liable for the entire cost of repair. I also agree to pay for shipping to and from the service facility as per the warranty agreement if it is outside of the original 30 day satisfaction warranty window.

CUSTOMER SIGNATURE:

DATE:

POINT OF PURCHASE (INCLUDE COPY OF PURCHASE RECEIPT IF APPLICABLE)

CUSTOMER USE

RMA NUMBER (CANNOT BE PROCESSED WITHOUT RMA#):

RMA ISSUED BY (TECH REPRESENTATIVE'S NAME):

UNIT MODEL NAME:

UNIT SERIAL NUMBER:

PURCHASE DATE:

CUSTOMER RETURN SHIP DATE:

DATE OF FAILURE:

CUSTOMER DESCRIPTION OF FAILURE\*:

\*Attach a separate sheet if necessary. The more information given about the failure, work conditions, etc. may help speed the repair and return process.

AHP USE

UNIT CONDITION (POOR, FAIR, GOOD, EXCELLENT, NEW):

SHIPPING DAMAGE VISIBLE/MISSING PARTS?

FACILITY REPAIR DATE:

FACILITY RETURN SHIP DATE:

REPAIRED OR REPLACED?

GENERAL DIAGNOSIS/SERVICE PERFORMED:

REPAIRED BY (TECH NAME):

FACILITY NAME:

IF UNIT CANNOT BE REPAIRED AND IT IS REPLACED, NEW UNIT SERIAL NUMBER: \_\_\_\_\_