



**Potomac Instruments, inc.**  
**932 Philadelphia Ave.**  
**Silver Spring, MD 20910**  
**Fax: +301.589.2665**

# Return Material Authorization

RMA# Issued:

## Information Request

### About the Equipment:

Model No.

Serial No.

Warranty Claim (Y/N)

Primary & Alternate Customer Contact People:  
 Name:  Telephone:  Fax:  E-Mail:

### Shipping and Billing Information:

Attn:  
 P.O. No.  
 Suite / PO Box  
 Street  
 City, State, Zip

Shipping	Billing
<input type="text"/>	<input type="text"/>

Nature of Service Requested, Symptoms Observed, Additional Information & Special Instructions:

Please fill out any blank boxes as completely as possible and enclose a copy of this RMA with your outbound shipment to the address captioned above. If you have any questions about this form, please contact our service department at 301.589.2662

Credit Terms: Effective 17 August 1998, all Potomac Instruments, inc. parts and service invoices will be restricted to one of the following:

- 1) Credit Card Transaction (Visa or Master Card)
- 2) Payment in Full prior to shipment (CIF)