

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: _____

Contact Name: _____

Contact Phone Number: _____ Contact Email: _____

Call with Estimate: Yes No

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

Estimate Contact Name: _____ Phone Number: _____

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

Equipment #1	
Device Name/Model:	_____
Serial Number:	_____
Work Requested:	<input type="checkbox"/> Recertification <input type="checkbox"/> Evaluation <input type="checkbox"/> Repair
Pre-approved for:	\$ _____ (specify dollar amount)
Problem:	_____ _____

Equipment #2	
Device Name/Model:	_____
Serial Number:	_____
Work Requested:	<input type="checkbox"/> Recertification <input type="checkbox"/> Evaluation <input type="checkbox"/> Repair
Pre-approved for:	\$ _____ (specify dollar amount)
Problem:	_____ _____

Equipment #3

Device Name/Model: _____

Serial Number: _____

Work Requested: Recertification Evaluation Repair

Pre-approved for: \$_____ (specify dollar amount)

Problem: _____

Equipment #4

Device Name/Model: _____

Serial Number: _____

Work Requested: Recertification Evaluation Repair

Pre-approved for: \$_____ (specify dollar amount)

Problem: _____

Equipment #5

Device Name/Model: _____

Serial Number: _____

Work Requested: Recertification Evaluation Repair

Pre-approved for: \$_____ (specify dollar amount)

Problem: _____

Thanks for doing business with First Biomedical, Inc.! We will contact you shortly.