

RA NUMBER:				Date:	
Contact Person:				Phone:	
Company Name:				Fax:	
(Return Ship to Address)					
, , ,				ard for repair (as listed below) perly cleaned/decontaminated.	
Name:					
Signature:					
Please provide a brief d	lescription of the prob	blem you are experie	ncing and indicate th	ne service required:	
·		,	_	·	
Please select reque	sted service:				
	PA30IS Series	EVA Series	EVAHL Series		
Shell Replacement	□ \$100.00*	□ \$95.00*	N/A		
Internal Repair (new shell included)	N/A	□ \$270.00*	\$300.00*	-	
*Pricing subject to change: is		diagnostic evaluation fee	nnlied if service is not rec		
Fricing subject to change. Is	saed Julie 2010. A 343.33 (nagriostic evaluation fee a	applied if service is flot req	uned of cancelled.	
Product Serial Number	:				
How is Product Used:					
_					
Unit has been exposed	to these chemicals:				
Please attach any MSDS	and return with form.	☐ MSDS Attached			
Credit Card Type:		Cred	Credit Card Number:		
Exp. Date:		Nam	Name on Card:		
Customer will be respo account number.	nsible for shipping ch Freight Carrier			Please indicate carrier of choice and freight Use Bullard Carrier	
Authorized Cianature					
Authorized Signature:_				_	

^{*} Form must be returned to Bullard with product - no action can be taken until this form has been completed, signed and product has been properly clean/decontaminated. MSDS should be included if applicable.