



SIMPLICITY IN WATER ANALYSIS

**Photometer
Verification Service
Return Authorization
Form**

- Step 1: Print and Fill out the Return Authorization (RA) form.
Step 2: Email a copy of the completed form to tech@aquaphoenixsci.com.
Step 3: **Wait for a CHEMetrics representative to contact you to schedule the return.**

CUSTOMER INFORMATION

Contact Name: _____ **Date:** _____

Company: _____

Telephone: _____ **Fax:** _____

Email: _____

Ship to Address (must be a physical address):

City: _____ **State:** _____ **Zip:** _____

Country: _____

Ship to the Attention of: _____

Bill to Address: Same as Ship To address: ☐

City: _____ **State:** _____ **Zip:** _____

Country: _____

Email: _____

PHOTOMETERS FOR VERIFICATION SERVICE

List the photometers being returned. Specify the Vacu-vials® Kit(s) with which verification is required.

1. Model: ☐ V2000 ☐ V3000 ☐ SAM (Cat. No.: I-_____)

Serial Number: _____

Analyte for testing: _____; Vacu-vials® Kit Cat. No.: _____

2. Model: ☐ V2000 ☐ V3000 ☐ SAM (Cat. No.: I-_____)

Serial Number: _____

Analyte for testing: _____; Vacu-vials® Kit Cat. No.: _____

3. Model: ☐ V2000 ☐ V3000 ☐ SAM (Cat. No.: I-_____)

Serial Number: _____

Analyte for testing: _____; Vacu-vials® Kit Cat. No.: _____



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INSTRUCTIONS FOR SHIPPING YOUR PHOTOMETER TO US

- Clean the photometer(s) and remove batteries.
- Place hardcopy of RA form in shipping carton along with photometer(s).
- Ship well packed to: CHEMetrics, 4295 Catlett Rd., Midland VA 22728 ATTN: QC Department
- ***Please do not return Vacu-vials® Kits.***

VERIFICATION SERVICE OPTIONS (choose one)

See Photometer Verification Service Plan for complete details.

Standard Service (10 business days from receipt of photometer): ☐ \$142.31

Expedited Service (2 business days from receipt of photometer): ☐ \$227.70

RETURN SHIPPING METHOD

Unless otherwise specified, shipping method is pre-pay and add.

Choose Preferred Method: ☐ UPS Ground ☐ UPS Air ☐ FedEx Ground ☐ FedEx Air

Account Number (if shipping on own account): _____

Will you provide your own shipping labels? ☐ Yes ☐ No

PAYMENT METHOD

Purchase Order: ☐ P.O. Number: _____

Credit Card: ☐ A CHEMetrics representative will contact you for your credit card information.

COMMENTS

Please list any additional comments or specify additional requirements.

DECONTAMINATION POLICY

☐ I certify that all photometers are free of biological, chemical, and radiological contaminants.

Signature/Approval _____

Job Title _____

Ver 5, Jan. 2024