



# Request for Repair

Date: \_\_\_\_\_

### Payment Information:

Purchase Order No.: \_\_\_\_\_

Credit Card Payments - Please call 800.541.6593 Ext. 33

### Billing Address:

Company Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attn.: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Return Shipping Address:

Company Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attn.: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Shipping Terms:

- UPS / FedEx    STD. Overnight    2nd Day    3rd Day    Ground  
 Air Parcel Post    Air Freight    Other \_\_\_\_\_

### Repair Information:

Description of item(s) to be repaired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Send repairs to:

*\*\* Please include a copy of your completed Request for Repairs Form with your repair. \*\**

**CDS Analytical, Inc.**  
**Service Department**  
**465 Limestone Road, P.O. Box 277**  
**Oxford, PA 19363-0277 USA**