

Service Authorization Form



Remington Medical Equipment Ltd
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Fill out this form completely

For Office Use Only	Company Name:
	Account Number:
SRA Number:	Ship To Address:
Date SRA Issued:	City: Prov: Postal Code:
Processed By:	Requested By:
Item Returned: Yes / No	Email:
Date Received:	Phone:

Quantity	Model Number	Product Description	PO Number	Serial Number (Required)

If returning a STORZ handpiece, the Serial Number of the main unit is required

Detailed Description of issue

If items need to be returned, please complete the ship to address:	For Office Use Only
Your Company Name Ship To Address Contact Person Contact Information Receiving Hours	Credit Issued: Yes / No Credit Amount: Transaction Number: Date Issued: Issued By: Comments:

