



Ship To:
 Ryzex 5 HHB. F YdUjf
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TISCOR and Ryzex have partnered together to bring you exceptional repair service.

Return Materials Authorization

Fill out, send with device, and print a copy for your records

Use this form for the following devices: PulseStar, LaserLite, LaserLite Pro, Duratrax, SPT1500/1700/1800 & TouchProbe

Customer Information

Customer Number:				
Contact Name:				
Company:				
Address:				
City:	State:	Zip:	Zip:	Country:
Phone:	Fax:			
E-mail:				
Ship to address (if different from above):				
City:	State:	Zip:	Zip:	Country:

Payment Information

If you don't have an Annual Service Agreement, please provide the following information.

Type Of Card:	MC <input type="checkbox"/>	VISA <input type="checkbox"/>	AMEX <input type="checkbox"/>	Do not submit Card Number <input type="checkbox"/>	Exp. Date:
Card Holder's Name:				I acknowledge TISCOR will debit this account <input type="checkbox"/>	

Devices

Serial Number:	Device Description:
Software:	Software Version:
Problem: Please click on the field, choose and highlight	

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Software:	Software Version:
Problem: Please click on the field, choose and highlight	