

RETURN AUTHORIZATION (OR CASE #) # _____

“IMPORTANT” PLEASE FILL THIS FORM OUT COMPLETELY:

COMPANY NAME: _____

SHIPPING ADDRESS: _____

CONTACT NAME: _____

PHONE # _____ FAX # _____

EMAIL _____

INSTRUMENT TYPE _____

S/N (S) _____

Please explain the problem (s) that you are experiencing with the instrument.

Please indicate if you would like information on the following CETAC products.

- ___ Aridus II Sample Introduction System
- ___ ASX-110/112FR Autosampler
- ___ ASX-130 Autosampler
- ___ ASX-260 Autosampler
- ___ ASX-520 Autosampler
- ___ ASX-520HS High Speed Autosampler
- ___ ASX-1000 Series Oils Autosampler
- ___ EXR-8 Extended Rack Autosampler
- ___ LSX-266 Laser ablation system
- ___ LSX-213 G2 Laser ablation system
- ___ M-7600 Mercury Analyzer (AA)
- ___ M-8000 Mercury Analyzer (AF)
- ___ SDS-550 Sample Prep Station
- ___ U-5000AT+ or U-6000AT+ Ultrasonic Nebulizers