

|                 | THIS SECTION TO BE I | med Out by Officers | <u>omici</u> |
|-----------------|----------------------|---------------------|--------------|
| Customer #:     |                      | Date Received:      |              |
| Sales Order #:  |                      | Due By:             |              |
| Work Order #: _ |                      | S/N of Equipment:   |              |
|                 |                      |                     |              |

This Section To Be Filled Out By OFITE Personnel

Phone 832.320.7300

Toll Free 877.837.8683 service@ofite.com

www.ofite.com

## **Repair Order Form**

Fields are Required to be filled out before any repairs can be started

Please submit a separate form for each piece of equipment.

| BILL TO:   | <b>Equipment (Required - Check One)</b>       |  |  |
|--|---|--|--|
| Contact Name:  | 130-10-C Model 800 Viscometer                 |  |  |
| Company Name:  | 130-10 Model 800 (No Case)                    |  |  |
| Contact Phone Number:  | 130-76-C Model 900 Viscometer                 |  |  |
| E-Mail:  | 130-76 Model 900 (No Case)                    |  |  |
| Address: (Enter full address below)                                    | 130-60 6-Speed Viscometer                     |  |  |
|  | 132-00 Hand-Crank Rheometer                   |  |  |
|  | 165-00-1 10 mL Retort Kit                     |  |  |
| City: State:   | 165-00 10 mL Removable Retort                 |  |  |
| Country: Zip:  | 165-80 20 mL Retort Kit                       |  |  |
| Shipping Method:   | 165-80-2 20 mL Electronic Retort Kit          |  |  |
| P.O. #:  | 165-14 50 mL Retort Kit                       |  |  |
| SHIP TO: (Can not ship to a P.O. Box)                                  | 165-14-2 50 mL Electronic Retort Kit          |  |  |
| Shipping Address is the same as Billing Address                        | 170-00-1 175 mL HTHP Heat Jacket              |  |  |
| Contact Name:  | 171-55 250 mL HTHP Heat Jacket                |  |  |
| Company Name:  | Other (Not Available for Certified Repair)    |  |  |
| Contact Phone Number:  | Sending Accessories                           |  |  |
| E-Mail:  | See Second Page for Accessories List          |  |  |
| Address: (Enter full address below)                                    | Description of Problem / Work to be Performed |  |  |
| radress. (Enter ran address below)                                     |   |  |  |
|  |   |  |  |
| City: State:   |   |  |  |
| Country: Zip:  |   |  |  |
| Shipping Method:   |   |  |  |
|  | and confirm Dancia Agreement on Dage 2        |  |  |
| Work Requested (Required - Check One) - Please read : Certified Repair | Restock (Retort Only)                         |  |  |
| Fixed pricing, 5-business day turnaround, Fully                        | Restock (Netort Only)                         |  |  |
| refurbished with parts known to fail.                                  | Consumables Chamber Condenser                 |  |  |
| Includes calibration with a 1 year warranty.                           |   |  |  |
| Repair As Needed (See Estimate Repair Cost Below)                      | Warranty RMA # (Required):                    |  |  |

If you have a warranty claim, contact your OFITE Sales Representative at 832.320.7300 or 877.837.8683 for an RMA number.

# Optional Pre-Work (Not Required) - Please read and confirm Repair Agreement on Page 2

Estimate Repair

An estimate of charges for "As Needed" repairs based on a physical inspection of the instrument.

Additional \$100 charge applies.

Report of "As Found" Condition Includes a certificate documenting the condition and calibration check of the instrument at the time it was received by OFITE.

Additional \$100 charge applies.



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|--|

Sales Order #:\_\_\_\_\_\_ S/N of Equipment: \_\_\_\_\_

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## **Repair Order Form - Accessories List**

#### Viscometer / Rheometer Retort Case Chamber Condenser Power Supply / Cord Thermocup Power Cord Bob Other (Please list other items below) Sleeve Splash Guard Thermocouple (Must be included for a Model 900 Certified Repair) Bob Shaft Wrench **ES Meter** Other (Please list other items below) Probe **Batteries** Calibration Standards Other (Please list other items below)

### Other Equipment

Please list all accessories being sent with the unit.

## **Lubricity Tester**

Ring

Block

Other (Please list other items below)

#### Repair Agreement

Certified Repair: Includes complete refurbishment of the unit per a verified checklist for a fixed price, with 5-business day turnaround. This repair type addresses customer concerns and replaces parts commonly known to fail over time, and includes calibration. This repair type is covered by a 1-year limited warranty. Price of repair varies by equipment type. Please contact your OFITE representative for more information regarding individual pricing. Please note that once work has begun on the unit, another repair type cannot be selected. Consumables are not included in the 1-year warranty. Some equipment may not be eligible for certified repair. Equipment accessories listed above in the accessories list are not covered under the fixed price of a certified repair and may be added to your order total with approval to complete the certified repair.

**Repair as Needed:** Addresses specific customer concerns and only repairs what is needed for the unit to function properly. This repair type is covered under a 90-day limited warranty and includes calibration. The included warranty will only cover parts replaced in the original repair. This service is charged on a basis of labor time plus the cost of parts used - please contact your OFITE representative for more information regarding pricing. Please note that once work has begun on the unit, another repair type cannot be selected

Estimate Service: We will evaluate your unit and provide an estimate of projected repair costs for an additional fee of \$100 per unit. Please note that the \$100 charge still applies in the event that the customer accepts or declines the repair. Provided quotes are only an estimate, and repair costs may change depending on parts and labor used in the actual repair. Please note that you may still select either "Repair as Needed" or "Certified Repair" service after receiving your repair quote.

**Report "As Found" Condition:** We will evaluate your unit upon arrival and provide a certificate documenting the condition and calibration check of the instrument before any repairs are completed. A \$100 charge will be applied per unit for this service. Please note that if the unit sent is inoperable, we will not be able to provide an "As Found" report. In the event that an "As Found" report selection is made but we are unable to provide a certificate, no charge will be applied.

Please note that we cannot change an "As Needed" or "Certified Repair" selection once work has been completed on the unit. This includes cases where an "As Needed" repair cost exceeds the cost of a "Certified Repair", or vice versa. If your equipment is deemed "beyond repair" by our OFITE Team, we will send it back to you with no charge for repairs. Please note that in this case, the customer is still responsible for shipping costs.

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|---|------------|-----------|-----------------|
| I have read and understand the Repair Agreement | First Name | Last Name | Date MM/DD/YYYY |