

Product Information Form

To help us improve timeliness and make diagnostics and repair more effective please print this form, complete and include it in the box with your return.

Company: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ PO# or Reference #: _____

Reason for Return: Damaged Defective Calibration

Product Details: (List every item to be repaired and include the serial number that this part came out of.)

Qty	ESW Part#	Problem	Serial Number

Explanation: (Complete description and history with information such as intermittent problem, located in an excessive thermal or vibration environment.)

Return Freight Instructions: (Return freight will normally be prepaid and added to the invoice. We will ship via UPS unless a specific carrier is indicated. Include any collect shipping account numbers.)

Carrier: _____ Collect Account#: _____

Return your package to:

ESW, Inc.
5020 21st Street
Racine, WI 53406

Questions?

1-262-554-1211
or via email to:
service@eswtesters.com