100 Lauman Lane, Suite A, Hicksville, NY 11801, USA Phone: (877) 877-7274 | Fax: (516) 801-2046 microscopeinternational.com | Info@nyscopes.com

## Repair Authorization Form Print & Enclose With Item

Company Name:					Date:	,
Individual Name:		<u> </u>	E-mail:			
Address 1:						
Address 2:						
City:		State:		<u> </u>	Zip Code:	
Country:		Phone Num	ber:		Ext:	
Item Sent:						
Problem Description:						
Payment by check or credit card must be included, make checks payable to: New York Microscope Company Inc.						
Credit Card Type:	Account	<u>t#</u>		Exp:		Sec:
Billing Address:						
City:	<u>s</u>	tate:		<u>Z</u>	Zip Code:	
[	Payment Mu	st Be Include	ed With Each	Item		

Payment Must Be Included With Each Item

\$ 50.00 for monocular & non optical components 
\$75.00 for binocular & optical components 

Return Shipping / Handling / Insurance 
\$25.00 for monocular microscopes 
\$45.00 for binocular microscopes 

\*\*\*\*\* NO CHARGE FOR EVALUATION IF REPAIRS ARE MADE \*\*\*\*\*