



Lakewood Automation
 27911 Clemens Road
 Westlake, Ohio 44145
 440-808-4820 ph 440-899-0493 fx
www.lakewoodautomation.com

DATE

REPAIR DESCRIPTION FORM RMA 100832-01-__ _

BILL TO	Company Name: LAKEWOOD AUTOMATION		Purchase Order Number:		Phone: 440-808-4820	Fax: 440-899-0493
	Mail Address:	Street: 27911 CLEMENS ROAD	City: WESTLAKE	State: OHIO	Zip: 44145	
SHIP TO <small>(if different)</small>	Company Name:		Attention/Tag #:		Phone:	Fax:
	Mail Address:	Street:	City:	State:	Zip:	
REPAIR CONTACT	Company Name: LAKEWOOD AUTOMATION		Contact Name:		Email Address: INFO@LAKEWOODAUTOMATION.COM	
	Mail Address:	Street: 27911 CLEMENS ROAD	City: WESTLAKE	State: OHIO	Zip: 44145	
ITEM #1	Manufacturer:	Model Number:	Description:		Approval Method: <input type="checkbox"/> Preapproved: \$ <input type="checkbox"/> Quote Before Approval	
	Series:	Serial Number / Lot Code:	Quantity:		Return Via:	
	Repair Description / Comments:				Repair Service Requested: <input type="checkbox"/> Standard (10 business days) <input type="checkbox"/> Rush (3-5 business days, +10%) <input type="checkbox"/> Emergency (next business day, +25%)	
ITEM #2	Manufacturer:	Model Number:	Description:		Approval Method: <input type="checkbox"/> Preapproved: \$ <input type="checkbox"/> Quote Before Approval	
	Series:	Serial Number / Lot Code:	Quantity:		Return Via:	
	Repair Description / Comments:				Repair Service Requested: <input type="checkbox"/> Standard (10 business days) <input type="checkbox"/> Rush (3-5 business days, +10%) <input type="checkbox"/> Emergency (next business day, +25%)	
ITEM #3	Manufacturer:	Model Number:	Description:		Approval Method: <input type="checkbox"/> Preapproved: \$ <input type="checkbox"/> Quote Before Approval	
	Series:	Serial Number / Lot Code:	Quantity:		Return Via:	
	Repair Description / Comments:				Repair Service Requested: <input type="checkbox"/> Standard (10 business days) <input type="checkbox"/> Rush (3-5 business days, +10%) <input type="checkbox"/> Emergency (next business day, +25%)	
ITEM #4	Manufacturer:	Model Number:	Description:		Approval Method: <input type="checkbox"/> Preapproved: \$ <input type="checkbox"/> Quote Before Approval	
	Series:	Serial Number / Lot Code:	Quantity:		Return Via:	
	Repair Description / Comments:				Repair Service Requested: <input type="checkbox"/> Standard (10 business days) <input type="checkbox"/> Rush (3-5 business days, +10%) <input type="checkbox"/> Emergency (next business day, +25%)	

NOTE: Please attach additional sheets when shipping more than four items.
 Please send any Omron new product warranty repairs to St. Charles, IL location.
 All inquiries regarding handling of repairs noted on this form will be addressed to the designated repair contact above.

SHIP ALL REPAIRS TO: OMRON REPAIR
 3632 Stern Avenue
 St. Charles, IL 60174
 Attn: Repair

Customer Signature: _____
 (required for preapprovals)

Date: _____