

INTERNATIONAL WORK AUTHORIZATION FORM

We would like to **thank you for choosing JRF/Magnetic Sciences** to service your magnetic heads. Every effort will be made to provide you with the best service and finest craftsmanship available. **We ask that you please complete this form and enclose it with your shipment to JRF.**

<u>Our Shipping Address is</u>		Ph (973) 579-5773
JRF/Magnetic Sciences, 249 Kennedy Rd, Greendell, N.J. 07839		FAX (973) 579-6021
		email jrf@jrfmagnetics.com

Your Company Name _____ Ph # _____
_____ Fax # _____
email _____

Bill to : attn: _____ _____ _____ _____

Ship to : attn: _____ _____ _____ _____

I am sending: quantity () _____

Work authorization: Relap Heads (as required) _____ Head Assembly Optical Alignment _____ Head Replacement (if required) _____ Flutter Idler Ultra-sonic Clean, Lube & Set _____ Replace Hardware (Tape guides, bearings etc. if required) _____ Ground Cores (Studer Heads) _____ Evaluation only (with lab report & data) _____ Call with estimate _____ Edge Relief Slots _____ Special Instructions / Modifications / Specific problems _____ (use reverse side) Turn around Time: <i>Sameday (date scheduled)</i> _____ <i>2-3 day</i> _____ <i>1 week +/-</i> _____
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Return Shipping instructions: FedX _____ International Priority _____ International Economy _____
UPS _____ Express _____ Expedite _____ Standard _____

Your UPS / FedX account number _____
I Do _____ **Do not** _____ **want my package insured for full replacement value.** amount \$ _____

Customs

Your Tax I.D. / EIN Number _____ (this number must be supplied for customs and duties purposes)

Please be sure that you check the box “ **customs and duties - bill to sender**” on the UPS / FedX Airbill. **JRF will not accept any shipments in which this box has not been checked.** Canada & Mexico: In addition to the above instructions, you must include:
1) a completed NAFTA Certificate of Origin form and/or 2) a Declaration for Free Entry of American Products / Certificate of Exportation form. (forms available on JRF website)

jrfmagnetics.com

Terms: AMEX _____ VISA _____ M/C _____ Card # _____
Card Holder Name _____ Exp date _____
Net 30 days (Pre approved open account) P.O. Number _____
Bank Wire / Transfer (Let us know if this is your payment method of choice and we will fax our bank data)

I authorize JRF to proceed with my work order.

Signature _____