



63189 Nels Anderson Road Bend, OR 97701
tel 541-382-7585

Cam Inspection/Repair Form
RA# _____

Metolius Climbing makes all efforts to return your cams to their best possible condition. However cams have a finite lifespan and may need to be retired as a result of broken springs, excessively worn lobes, severely bent cables, etc. and might not be repairable*. Regardless of condition, please send all Metolius cams to us for inspection as it helps us improve our product.

We recommend you ship your cams via UPS or FED EX and save your tracking number. If you must use the Postal Service, please attach a delivery confirmation sticker. Secure your cams in a cardboard box for shipping; packing peanuts are not necessary. Please call Customer Service for an RA #. Write your RA# on the outside of the box and on the top of this form. This number allows us to track your cams as they go through our inspection and repair process. Average time for service is two weeks. Please do not call Customer Service for the status of your returned units. Inquire via email to: info@metoliusclimbing.com

Service Fees:

Re-Slings are \$3 per cam and includes: Inspection, Cleaning, Lube, Tuning, and new Nylon/ Dyneema Slings.
Re-Wires are \$8 per cam and includes the Re-sling service PLUS new trigger wires or cords.
We will contact you if additional repairs are deemed necessary.
Return shipping is \$10 for UPS Ground in the USA. Return shipping to Canada is \$20 for UPS Expedited.
A UPS tracking number will be sent to your e-mail address upon shipping.
International customers please contact info@metoliusclimbing.com

List the Cams you are returning below:

	00	0	1	2	3	4	5	6	7	8	9	10
Master Cam												
TCU												
Power Cam												
Fat Cam												
	00/0	0	1/2	2/3	3/4							
Offset TCU												
	S	M	L									
Supercam												

Cams deemed unsafe for further use may be destroyed by Metolius Climbing. Customer Service will contact you for replacement options

Include the following with your return:

Name: _____

Address: _____

Street (no PO boxes)

City: _____

State: _____ Zip: _____

Email: _____

Daytime/cell phone # () _____

Method of payment: (VISA, MasterCard, or AMEX)

Credit Card Number: _____

Exp: _____ Billing Zip: _____

Signature: _____