



Service Request Form

For the fastest possible service, please complete this form in detail and include with the shipment of your instrument.

Billing Address

Company Name:		
Street:		
City:	Province:	Postal Code:
Contact Name:	Phone:	Ext:
Email Address:	Fax:	

Shipping Address Check if same as above

Street:		
City:	Province:	Postal Code:

Equipment Description

Manufacturer Name:	Model Number:	
Serial Number:	Equipment ID Number:	
Accessories Included:		
Service Required or Detailed Fault Description:		
Basic Calibration: (No Cal. Data) <input type="checkbox"/>	Premium Calibration: (With Cal Data) <input type="checkbox"/>	Warranty Repair: <input type="checkbox"/>

Payment Information:

Visa: <input type="checkbox"/>	Master Card: <input type="checkbox"/>	American Express: <input type="checkbox"/>
Cardholder Name:	Card Number:	Expiry Date: P. O. Number:

Please Note: Our terms for ALL service orders under \$500.00 are: Credit Card, Certified Cheque or Cash only.

Return Shipping Information

Your Preferred Carrier: Call For Pick-Up <input type="checkbox"/>	Your Shipping Account Number: Pre-Paid and Charge: <input type="checkbox"/>
Received By:	Date Received :

Repair estimates are valid for 30 days.

All transportation charges and taxes are additional.