



CALIBRATION & REPAIR FORM

SHOULD BE FILLED OUT AND INCLUDED WITH YOUR SHIPMENT

Contact Information: (if the contact information you would like to appear on the calibration certificate is different than the contact here, please fill out the **Calibration Cert Information** on page 2)

Name: _____

Company Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____ X _____ Email Address: _____

Calibration Repair Both Contact With Repair Costs Prior to Repair

Instrument Info:

RMA#: _____	<input type="checkbox"/> Ranger	<input type="checkbox"/> Inspector / Xtreme	<input type="checkbox"/> Monitor 4	<input type="checkbox"/> MC1K
SN#: _____	<input type="checkbox"/> Ranger EXP**	<input type="checkbox"/> Inspector EXP**	<input type="checkbox"/> Monitor 4EC	<input type="checkbox"/> OTHER
	<input type="checkbox"/> Monitor 200	<input type="checkbox"/> Digilert 100 or 200	<input type="checkbox"/> Monitor 5 or GT	
	<input type="checkbox"/> Monitor 1000EC	<input type="checkbox"/> Digilert 50 or CPM	<input type="checkbox"/> URSA-II	Other: _____
	<input type="checkbox"/> Frisker	<input type="checkbox"/> SentryEC	<input type="checkbox"/> The Charger	

Description of Problem: _____

**** INCLUDE EXP PROBE & CABLE WITH EXP UNITS** * For RAD-60s or Pen Dosimeters, please contact us for pricing & lead times

Return Shipping Information: Same as Contact

Name: _____

Company Name: _____

Shipping Address: _____

City, State, and Zip: _____

Preferred Carrier: UPS Shipping Collect OVERNIGHT

FEDEX If Yes, Collect Acct #: _____ 2DAY 3DAY

US Postal PRIORITY MAIL

Phone Number: _____ X _____ GROUND

All TNT shipments must be originated by company requesting repair/calibration on their account.
 Please note if you do not have terms do not originate pickup until we contact you.



Please ship your instruments to:
 S.E. INTERNATIONAL, INC. ATTN: REPAIR DEPARTMENT
 436 Farm Road, P.O. Box 39 Summertown, TN 38483 USA
 1.800.293.5759 | FAX: 1.931.964.3564 | WWW.SEINTL.COM

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Calibration Cert Information: (if the contact information you would like to appear on the calibration certificate is different than the contact on the first page, please fill out the correct information below)

Name: _____

Company Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____ X _____ Email Address: _____

*** Any replacement parts under \$20.00US used to insure proper calibration will be replaced automatically and charged to your invoice.

Billing and Payment Information: Same as Contact PO #: _____ (must have preexisting Net 30 terms**)

Name: _____ Exp Date: _____ V-Code: _____

Company Name: _____ Credit Card: _____

Shipping Address: _____ Authorizing Signature: _____

City, State, and Zip: _____ Print Name: _____

Email Address: _____ Phone Number: _____ X _____

Electronic Invoicing Call us for Credit Card info

** All new customers requesting credit terms must complete a Credit Application. Contact us for a standard form that contains business credit information, bank references, (3) credit references and company Accounts Payable contact information.

Office Use Only: SEND CR MEMO RETURN TO CUSTOMER RETURN TO STOCK

Received By: _____ Date: _____

OUR INVOICE #	CODE #	SERIAL# or DESCRIPTION	COST EACH	TOTAL
TOTAL CREDIT				\$