



# CALIBRATION FORM

THIS FORM SHOULD BE FILLED OUT AND SENT WITH YOUR SHIPMENT

Contact Information:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Calibration Cert Information:  Same as Contact

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Unit Information:

If Repair is needed, contact us for an RMA.  Ranger  Inspector  Monitor 4  MC1K  
 Ranger EXP\*\*  Inspector Xtreme  Monitor 4USB  URSA-II  
 Monitor 200  Inspector EXP\*\*  Monitor 4EC  The Charger  
 Serial #: \_\_\_\_\_  Monitor 1000  Digilert 100 or 200  Monitor 4ECUSB  SentryEC  
 Frisker  Digilert 50 or CPM  Monitor 5 or GT  Others

**\*\* 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  2DAY  3DAY  
 FEDEX  If Yes, Collect Acct #: \_\_\_\_\_  PRIORITY MAIL  
 US Postal \_\_\_\_\_  GROUND

\_\_\_\_\_ X \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*\*\* All TNT shipments must be originated by company requesting service on their account. Note if you do not have terms do not originate pickup until we contact you.

Billing and Payment Information:  Same as Contact

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Electronic Invoicing

PO #: \_\_\_\_\_ (must have preexisting Net 30 terms\*\*)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card \_\_\_\_\_ Exp Date: \_\_\_\_\_ V-Code: \_\_\_\_\_

\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

\_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_  Call for us CC Info

Phone Number: \_\_\_\_\_

\*\*All new customers requesting Net 30 terms must complete a Credit Application. Contact us for a standard form that contains business credit information, bank references, three (3) credit references and company Accounts Payable contact information. Any replacement parts under \$25.00US used to insure proper calibration will be replaced automatically and charged to your invoice.