



**THIS FORM SHOULD BE FILLED OUT AND SENT WITH YOUR SHIPMENT**

Contact Information:

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

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

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

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

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

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

Calibration Cert Information:  Same as Contact

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

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

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

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

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

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

Service Required:      Serial #: \_\_\_\_\_

<input type="checkbox"/> Calibration	<input type="checkbox"/> Ranger	<input type="checkbox"/> Inspector	<input type="checkbox"/> Monitor 4	<input type="checkbox"/> MC1K
<input type="checkbox"/> Repair	<input type="checkbox"/> Ranger EXP	<input type="checkbox"/> Inspector Xtreme	<input type="checkbox"/> Monitor 4USB	<input type="checkbox"/> URSA-II
<input type="checkbox"/> Both	<input type="checkbox"/> Monitor 200	<input type="checkbox"/> Inspector EXP	<input type="checkbox"/> Monitor 4EC	<input type="checkbox"/> The Charger
	<input type="checkbox"/> Frisker	<input type="checkbox"/> Digilert 100 or 200	<input type="checkbox"/> Monitor 4ECUSB	<input type="checkbox"/> SentryEC
		<input type="checkbox"/> Digilert 50 or CPM	<input type="checkbox"/> Monitor 5 or GT	

Description\_of\_Problem: \_\_\_\_\_

\* For calibration of RAD-60s or Pen Dosimeters, please contact us for pricing and 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

Billing and Payment Information:  Same as Contact

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

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

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

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

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

Electronic Invoicing

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

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

Credit Card

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

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

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

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