



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	<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**)

Credit Card: _____ - _____ - _____ - _____ Exp Date: _____ V-Code: _____

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.