

Repair / Calibration Request Form

Please fi	ll out this form and return it to us with your uni	it(s) so that we may better assist you.
Contact Name:		
Company:		
Street Address:		
		Zip:
Phone #:	Fax #:	
E-Mail:		
PO # (If Required):		
Unit(s) Being Sent In:		
QTY	Manufacturer	Model # / Part #
What Is Wrong With The Unit(s)? / What Service Do You Require?		

PLEASE NOTE: We charge an "Evaluation Fee". This fee applies to any units that are non-repairable or if the repair is not approved. If the repair is approved, this fee will be waived. If a repair exceeds 50% of the cost of a new unit, we will contact you for further instruction.