



# CALIBRATION FORM

THIS FORM SHOULD BE FILLED OUT AND SENT WITH YOU 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: (Calibration Reminders will be emailed to this address)**

**Unit Information:**

|                                       |  |                                     |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Ranger       | <input type="checkbox"/> Inspector       | <input type="checkbox"/> Monitor GT |
| <input type="checkbox"/> Ranger EXP** | <input type="checkbox"/> Inspector EXP** | <input type="checkbox"/> Monitor 5  |
| <input type="checkbox"/> Monitor 200  | <input type="checkbox"/> Digilert        | <input type="checkbox"/> MC1K       |
| <input type="checkbox"/> Monitor 1000 | <input type="checkbox"/> Monitor 4       | <input type="checkbox"/> URSA-II    |
| <input type="checkbox"/> Frisker      | <input type="checkbox"/> Monitor 4EC     | <input type="checkbox"/> SentryEC   |

Serial #: \_\_\_\_\_

**\*\* 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:**

|                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> UPS       | <input type="checkbox"/> Shipping Collect | <input type="checkbox"/> OVERNIGHT                          |
| <input type="checkbox"/> FEDEX     | If Yes, Collect Acct #: _____             | <input type="checkbox"/> 2DAY <input type="checkbox"/> 3DAY |
| <input type="checkbox"/> US Postal |   | <input type="checkbox"/> PRIORITY MAIL                      |
|                                    |   | <input type="checkbox"/> 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 us for 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. **DO NOT SEND CONTAMINATED INSTRUMENTS OR CHECK SOURCES!**