

1533 Lincoln Ave  
Holbrook NY 11741  
631 - 471 - 6900  
631 - 471 - 6902 Fax



Your Complete Calibration Source

1440 E Lark Suite B  
Springfield MO 65804  
417 - 368 - 6559  
417 - 368 - 3682 Fax

**CUSTOMER INFORMATION REQUEST**

(Please complete all information)

**Customer Billing Information:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

Quality Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Type of Industry: \_\_\_\_\_

**Shipping Information:** (If different than above)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Preferred Shipping Method for returning In-Lab Calibrations: (Circle appropriate)

Fed Ex UPS DHL VI MC AX Account # \_\_\_\_\_

Over Night Early Delivery Over Night Standard Delivery 2 Day Ground

**Technical Information:** NOTE - ALL items come with ISO 9001 Certifications

\*\*\*\*\* Please check all applicable items \*\*\*\*\*

ISO/IEC 17025 Certifications:

NOT Required on ANY items submitted: \_\_\_\_

**REQUIRED** on **ALL** items submitted: \_\_\_\_

Required **AS SPECIFIED** on Purchase Order: \_\_\_\_

Calibration Interval:

3 Months \_\_\_\_ 6 Months \_\_\_\_ 12 Months \_\_\_\_ As Specified on PO \_\_\_\_

Calibration Due Date Based On:

Exact Date of Calibration \_\_\_\_ Last Day of Month \_\_\_\_ No Interval Required \_\_\_\_

Toleration Requirements:

MCS Calibration Established Tol \_\_\_\_ Manufacturers Tol \_\_\_\_ As Specified on PO \_\_\_\_

Form Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_