

Company Name:
Address:
City:
Email Address:
Phone Number:

State:

Customer Number:
Zip/Postal Code:
Service Order #:
Purchase Order #:

Enter your credit card information below or enclose a Purchase Order: (American Express, Mastercard, Visa)

Credit Card #: _____ Credit Billing _____
Holder Name: _____ Address: _____
Expiration Date: _____ Phone Number: _____

Card Authorization Signature: _____

Authorization: I certify that the unit(s) identified below have been completely decontaminated of all chemical, biological and/or radioactive materials PRIOR to shipment.

Printed Name: _____ Title: _____ Date: _____

Signature: _____

Single Channel/Variable Volume Pipettes

Standard service –Perform a Leak Test and change o-rings if required

- 4-4-4 (4 readings at 3 volumes as found and as left)
- 10-10-10 (10 readings at 3 volumes as found and as left)

Multi-Channel Pipettes

Standard Service – Perform a Leak Test and change o-rings if required

- 4-4-4 (4 readings at 3 volumes as found and as left)
 - 4 Channel
 - 8 Channel
 - 12 Channel
- 10-10-10 (10 readings at 3 volumes as found and as left)
 - 4 Channel
 - 8 Channel
 - 12 Channel

Calibration Interval:

- 3 month 6 month 12 month
 Other

Equipment Information:	Single Channel or Multi-Channel	4-4-4 or 10-10-10	If Multi, Number of Channels?	Number of Pipettes?	Repair (Y/N)	Comments

It is the responsibility of the sender to remove all substances that are dangerous and to attest to the decontamination above. Customers form may be used in lieu of this document