

Please call for a
SERVICE REQUEST #
prior to shipping.

PIPETTE MAIL-IN SERVICE REQUEST FORM

Print and Mail with Pipettes to:

Calibration Services, LLC

via *FedEx* or *UPS*:

2000 Cave Creek Road

Batesville, AR 72501

Toll Free: (866) 283.6009 / Fax: (501) 859.8410 / Email: pipetterepair@yahoo.com

Contact

Lab Head

Institution

Telephone

Department

Email

Complete Return Shipping Address (including building & room#) – No P.O. Boxes:

Purchase Order # OR Credit Card (# w/ Exp. Date, Name & Code on back):

Complete Billing Address (for Purchase Order *OR* Credit Card):

PLEASE CHECK ONE:

- Complete any repairs necessary after inspection and return
 Inspect and call with estimate before completing repairs (increases turnaround time)

If CALIBRATION CERTIFICATES are required, please complete the following:

- Include “As Found” Calibration Certificates (\$15.00/single, \$35.00/8ch or \$45.00/12ch)
 Include “As Returned” Calibration Certificates (\$15.00/single, \$35.00/8ch or \$45.00/12ch)

DATE DUE: 3 months 6 months 12 months

TEST METHOD: _____

Specific Problems to Note:

**IMPORTANT: INCLUDE SEVERAL OF YOUR TIPS FOR ACCURACY IN CALIBRATION
*Ship in boxes only (wrap pipettes separately and include padding in box) DO NOT use envelopes.***

Method of Return Shipping (Check One):

- Priority Overnight Std Overnight 2nd Day Air Express Saver
 Do Not Insure Insure Shipment for \$ _____ (increases shipping costs)