

Calibration and Service Order Form

Please, fill in separate form for each customer

	Your purchase order number / reference
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DELIVERY ADDRESS	Company name		Customer number at Beamex (if known)	Contact person
	Street Address			
	Street Address 2			
	Zip Code	City	State	Country
	Phone	Fax		E-mail

DEVICE INFORMATION AND ACTIONS TO BE TAKEN	Device model (for example TC305 or MC5)	Device 1	Device 2	Device 3	Device 4
	Device serial number	s/n	s/n	s/n	s/n
	Accredited Calibration Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Functionality check and cost estimation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Repair (please, include detailed fault description)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Warranty repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NO adjustments to this device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	NO program updates to this device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The device may be contaminated with (please, name the chemical(s) / radiation)	chemical / other	chemical / other	chemical / other	chemical / other	

DELIVERY	A delivery time has been prearranged	Agreed delivery time	Contact person at Beamex	Quotation number / reference
	A delivery time has not been prearranged, but I have following request for delivery	Requested delivery time	I would like the delivery time to be confirmed <input type="checkbox"/>	

DESCRIPTION	Fault description / other information (Please bear in mind, that missing or insufficient fault description may increase repair cost and delay the delivery.)
	Date: _____ / _____ 20____ Signature: _____