

Branom Instrument Co.

Since 1947



INSTRUMENT SERVICE FORM

Company Name: _____

Date: _____

Is This For Resale?: Yes No

Billing Address: (Same as Physical Address)

Physical Address:

Contact Name: _____

Phone Number: _____

Email: _____

REQUESTED SERVICES

Calibration Level (select only 1): Sticker Only Sticker & NIST Certificate

Repair, if needed (select only 1): Approved Quote Required

Expedite (additional charge will apply)

Repair Notes and/or Special Instructions: _____

PAYMENT

Purchase Order #: _____ Credit Card Cash/Check

METHOD OF RETURN

Pick Up

UPS PPA (prepaid and add) Collect #: _____

Other: _____ PPA (prepaid and add) Collect #: _____

• INCOMPLETE FORM MAY DELAY ORDER PROCESSING •

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Serving Washington, Oregon, Idaho, Alaska and Montana