

# Troemner Request for Quote/Order Form Cover Page

**\*\*Please include this page with weight or calibration service order forms\*\***

FAX TO: 856-686-1601 Sales Department ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

**Order** or  **Request for Quote** (Check One)

**Ship to:** Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bill to:** Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certificate Made Out To:** Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Method of Payment:** (For orders only)  Credit Card  C.O.D.  Wire Transfer  Bill Me  
(New customers must include credit references)

**Credit Card Information:** Card Type (Check one)  Visa  Mastercard  American Express  
Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
Organization Name on the Card: \_\_\_\_\_

**Purchase Order Number:** \_\_\_\_\_ (Please include a hard copy of the P.O. with the order reflecting dollar amount)

**Shipping Instructions** (If not specified Troemner will ship order UPS Ground Prepay & Add)

**UPS**  (Overnight)  (2nd Day)  (Ground) Bill Senders Account #: \_\_\_\_\_  
**FedEx**  (Standard)  (Priority)  (2nd Day) Bill Senders Account #: \_\_\_\_\_  
**DHL**  (Standard)  (Priority)  (2nd Day) Bill Senders Account #: \_\_\_\_\_

Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: \_\_\_\_\_ Account #: \_\_\_\_\_

**Have items/devices been exposed to hazardous contamination?** Circle **Yes\*\*** or **No**

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

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

**I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling**

Please send me Troemner's Precision Weights and Calibration Services desk reference.

3-118-BF (06/07)

Please use  Ship to or  Bill to address

**\*\*If Yes, please fill out a Troemner Statement of Decontamination Form (3-112-BF) or for Pipettes, A Pipette Calibration Service Request for Quote/Order form with Statement of Decontamination (3-086-BF). Include a copy of this form and your order along with your device. Service will not be performed without a completed Decontamination Form (forms are available at Troemner's website).**



# Electrical Calibration Service Request for Quote/Order Form

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX TO: 856-686-1601 Sales Department ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

**\*\*Please complete the Troemner Request for Quote/Order Form Cover Page to fax with this form\*\***

Order or  Request for Quote (Check One)

Please provide the following information:

Type of Device	Model Number	Serial Number	Range of Device	Manufacturer Specifications	Customer Specifications (please attach)
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Any other information regarding calibration requirements:

\_\_\_\_\_  
\_\_\_\_\_

**Electrical Calibration Service includes "as found" and "as left" data.  
If a device cannot be calibrated to the specification, a Troemner sales representative will contact the customer for further instructions.**

Recalibration Interval: \_\_\_\_\_

**Shipping Instructions** (If not specified Troemner will ship order UPS Ground Prepay & Add)

**UPS**     (Overnight)     (2nd Day)     (Ground)    Bill Senders Account #: \_\_\_\_\_  
**FedEx**     (Standard)     (Priority)     (2nd Day)    Bill Senders Account #: \_\_\_\_\_  
**DHL**     (Standard)     (Priority)     (2nd Day)    Bill Senders Account #: \_\_\_\_\_

Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: \_\_\_\_\_ Account #: \_\_\_\_\_

3-163-BF (06/07)

*For Troemner Use Only*

Quoted Price: \_\_\_\_\_

Quote #: \_\_\_\_\_

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

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



# Statement of Decontamination Form

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX TO: 856-686-1601 Sales Department ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

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

End User: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Weight / Device (please circle one):**

Weight(s)	Flow Meter(s)	Temperature Device(s)	Humidity Device(s)	Pressure Device(s)
Electrical Device(s)		Time and Frequency Device(s)		Dimensional Devices(s)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Qty: \_\_\_\_\_

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Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Qty: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Qty: \_\_\_\_\_

List any exposure to hazardous fluids, gasses or substances - please attach copies of any MSDS sheets where appropriate:

\_\_\_\_\_

**Method of Sterilization:**  ETO  Biocides  Manual Disassembly and Cleaning  
 Purge (Flow Meters)  None Required  
 Irradiation  Other: \_\_\_\_\_

**I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.**

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

Print Name: \_\_\_\_\_ Print Title: \_\_\_\_\_

**Shipping Instructions** (If not specified Troemner will ship order UPS Ground Prepay & Add)

**UPS**  (Overnight)  (2nd Day)  (Ground) Bill Senders Account #: \_\_\_\_\_

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**DHL**  (Standard)  (Priority)  (2nd Day) Bill Senders Account #: \_\_\_\_\_

Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: \_\_\_\_\_ Account #: \_\_\_\_\_

**For Troemner Use Only**

Quoted Price: \_\_\_\_\_

Quote #: \_\_\_\_\_

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

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

**To minimize delays - Please include a copy of this form and your order along with your weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form.**

3-112-BF (06/07)



From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: Troemner / **Electrical Calibration**  
201 Wolf Drive  
Thorofare, NJ 08086-0087 USA

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: Troemner / **Electrical Calibration**  
201 Wolf Drive  
Thorofare, NJ 08086-0087 USA

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO: Troemner / **Electrical Calibration**  
201 Wolf Drive  
Thorofare, NJ 08086-0087 USA