

# 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:**  Same as Ship To Address  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Certificate Made Out To:**  Same as Ship To Address  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Method of Payment:** (For orders only)  Credit Card  C.O.D.  Wire Transfer

**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)

<b>UPS</b>	<input type="checkbox"/> (Overnight)	<input type="checkbox"/> (2nd Day)	<input type="checkbox"/> (Ground)	Bill Senders Account #: _____
<b>FedEx</b>	<input type="checkbox"/> (Standard)	<input type="checkbox"/> (Priority)	<input type="checkbox"/> (2nd Day)	Bill Senders Account #: _____
<b>DHL</b>	<input type="checkbox"/> (Standard)	<input type="checkbox"/> (Priority)	<input type="checkbox"/> (2nd Day)	Bill Senders Account #: _____

Any Shipment over 150lbs must ship via LTL carrier:

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

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

Please use  Ship to or  Bill to address

# 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"/>
_____	_____	_____	_____	<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: \_\_\_\_\_



ORDER FORM

ELECTRICAL CALIBRATION

# Statement of Decontamination Form

ORDER FORM

STATEMENT OF DECONTAMINATION

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: \_\_\_\_\_

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: \_\_\_\_\_

3-112-BF (09/10)

**To minimize delays - Please include a copy of this form along with your weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form. Orders will not be processed without all completed paperwork and payment method. Be sure to include a hard copy of your P.O. with your order reflecting the dollar amount.**

