

# 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).**



# New Weights and Weight Sets Request for Quote/Order Form

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

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

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

Order or  Request for Quote (Check One)

For Standard Weight items, please provide the following information:

Part Number	Nominal Mass Value	Tolerance Class	Certificate Required (see below)	Quantity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Special or Custom Weights, please provide the following information:

Specify Material:

Troemner Alloy 8  Stainless Steel  Cast Iron  Brass  Other (specify): \_\_\_\_\_

Specify Style or Design (or attach a sketch or drawing): \_\_\_\_\_

Nominal Value and Unit of Measure (ex. 2.34 g, 27 lb, 6.5 kg): \_\_\_\_\_

Tolerance Class Required (ex. ASTM Class 0, 1, 2, 3, 4, 5, 6): \_\_\_\_\_

Type of Certificate Required (see below): \_\_\_\_\_

Any other information regarding weight requirements (finish, design, weight cases, special markings & serial numbers, etc): \_\_\_\_\_

**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 #: \_\_\_\_\_

3-119-BF (06/07)

**Certificate Types Available:**

NVLAP (Lab Code 105013-0) Weight Calibration Certificate

UKAS Certificate of Calibration (A UKAS Accredited Calibration Laboratory No. 0516)

NIST Traceable Certificate

NIST MMAP Report of Mass Values

NVLAP (Lab Code 105013-0) Density Determination Calibration Certificate

NVLAP (Lab Code 105013-0) Magnetic Susceptibility Determination Calibration Certificate

**For Troemner Use Only**

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

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

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

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

