

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).**



Pipette Calibration Service Request for Quote/Order Form with Statement of Decontamination

ORDER FORM

PIPETTE CALIBRATION

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)

Level 1 Pipette Calibration Service - Troemner's most comprehensive NVLAP (Lab Code 105013-0) accredited NIST traceable calibration providing a total of 60 measurements per channel (10 readings at 3 different volumes - "as found" and "as left"). Seals and O-rings replaced as needed.

Level 2 Pipette Calibration Service - This NVLAP (Lab Code 105013-0) accredited NIST traceable calibration service includes a total of 24 measurements per channel (4 readings at 3 different volumes - "as found" and "as left"). Seals and O-rings replaced as needed.

Level 3 Pipette Calibration Service - Designed for laboratories that require only a basic NVLAP (Lab Code 105013-0) accredited NIST traceable calibration service for their pipettes. This service includes a total of 12 measurements per channel (4 readings at 3 different volumes - includes "as found" data only).

Manufacturer: _____ Model: _____ Serial #: _____ Range: _____

Manufacturer: _____ Model: _____ Serial #: _____ Range: _____

Manufacturer: _____ Model: _____ Serial #: _____ Range: _____

Manufacturer: _____ Model: _____ Serial #: _____ Range: _____

Manufacturer: _____ Model: _____ Serial #: _____ Range: _____

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

Method of Sterilization: ETO Biocides Irradiation Autoclave
 Manual Disassembly and Cleaning None Required
 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 #: _____
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 #: _____

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 pipette(s) to be calibrated. Service will not be performed without complete decontamination information on this form.

3-086-BF (Rev. 06/07)



From: _____

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

From: _____

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

From: _____

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