

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)

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

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. Seals and O-rings replaced as needed, additional charges may apply. Please select the service level below:

- PS111111 - Single Channel Pipette 10-10-10 as found 10-10-10 as left
- PS444111 - Single Channel Pipette 4-4-4 as found 10-10-10 as left
- PM111111 - Multi Channel Pipette 10-10-10 as found 10-10-10 as left
- PM444111 - Multi Channel Pipette 4-4-4 as found 10-10-10 as left

Level 2 Pipette Calibration Service - This NVLAP (Lab Code 105013-0) accredited NIST traceable calibration service. Please select the service level below:

- PS444444 - Single Channel Pipette 4-4-4 as found 4-4-4 as left
- PS440440 - Single Channel Pipette 4-4 as found 4-4 as left
- PM444444 - Multi Channel Pipette 4-4-4 as found 4-4-4 as left
- PM440440 - Multi Channel Pipette 4-4 as found 4-4 as left

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. Please select the service level below:

- PS444000 - Single Channel Pipette 4-4-4 as found only
- PM444000 - Multi Channel Pipette 4-4-4 as found only

Pipette - Bottle Dispenser/Burette Calibration

- PB440440 - Bottle Dispenser/Burette 4-4 as found only

Mfg/Model: _____ Single or Multi Channel: _____ Serial #: _____ Range: _____

Mfg/Model: _____ Single or Multi Channel: _____ Serial #: _____ Range: _____

Mfg/Model: _____ Single or Multi Channel: _____ Serial #: _____ Range: _____

Mfg/Model: _____ Single or Multi Channel: _____ Serial #: _____ Range: _____

Mfg/Model: _____ Single or Multi Channel: _____ 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: _____

3-086-BF (Rev. 09/10)

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.

