

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).**


TROEMNER
Precision & Balance Matched Only By Nature

Pressure Calibration Service Request for Quote/Order Form

ORDER FORM

PRESSURE 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)

Deadweight Tester Calibration Service - Determine effective area for a deadweight gauge or tester. Determine mass value of piston and weights, Measurements are NIST traceable.

Level 1 Pressure Calibration Service - Calibration for devices with tolerances better than 0.05% of reading. Includes 21 "as found" and 21 "as left" data points, adjustments and cleaning if required. NVLAP (Lab Code 105013-0) accredited NIST traceable measurements.

Level 2 Pressure Calibration Service - Calibration for devices with tolerances between 0.1% of reading and 0.05% of reading, inclusive. Includes 16 "as found" and 16 "as left" data points, adjustments and cleaning if required. NVLAP (Lab Code 105013-0) accredited NIST traceable measurements.

Level 3 Pressure Calibration Service - Calibration for devices with tolerances wider than 0.1% of reading. Includes 7 "as found" and 7 "as left" data points, adjustments and cleaning if required. NVLAP (Lab Code 105013-0) accredited NIST traceable measurements.

Additional Services

Extra or Specific Test Point(s): _____ Desired Pressure: _____ Unit: _____

Other: Special (digital readout, multi-device, etc) _____

Measuring Equipment Device:

Manufacturer: _____ Model #: _____ S/N: _____

Tolerance: _____ Pressure Range: _____

Manufacturer: _____ Model #: _____ S/N: _____

Tolerance: _____ Pressure Range: _____

Manufacturer: _____ Model #: _____ S/N: _____

Tolerance: _____ Pressure Range: _____

Manufacturer: _____ Model #: _____ S/N: _____

Tolerance: _____ Pressure Range: _____

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 #: _____

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Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: _____ Account #: _____

3-149-BF (Rev. 06/07)

For Troemner Use Only

Quoted Price: _____

Quote #: _____

Date: _____

Name: _____



From: _____

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

From: _____

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

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