

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).**



Temperature Calibration Service Request for Quote/Order Form

(Please use one form per Temperature Device)

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)

Temperature Probe with System Read Out **Temperature Probe Only**

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

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

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

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

Type of Temperature Probe:

- SPRT PRT Thermocouple
 Thermistor Liquid in Glass

Method of Temperature Calibration:

- Fixed Point - for reference SPRT's
 Component Comparison - SPRT's, PRT's, Thermistors, Liquid in Glass, Digital Readouts
 System Comparison

Temperature Calibration Points Requested (Circle Range):

-196°C -50°C -38°C 0°C 30°C 156°C 232°C 420°C 660°C Other: _____

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 #: _____
DHL (Standard) (Priority) (2nd Day) Bill Senders Account #: _____

Any Shipment over 150lbs must ship via LTL carrier:

Trucking Company: _____ Account #: _____

3-113-BF (Rev. 06/07)

For Troemner Use Only

Quoted Price: _____
Quote #: _____
Date: _____
Name: _____

Troemner is NVLAP (Lab Code 105013-0) accredited for comparison calibrations from -196°C to 660°C. Fixed point calibrations from -196°C to 660°C and comparison calibrations to 1100°C are ISO/IEC 17025 compliant.



Statement of Decontamination 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

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: _____

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 weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form.

3-112-BF (06/07)



From: _____

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

From: _____

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

From: _____

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