

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

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: _____

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: _____

Statement of Decontamination Form

ORDER FORM

STATEMENT OF DECONTAMINATION

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: _____

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: _____

3-112-BF (09/10)

To minimize delays - Please include a copy of this form along with your weight(s) / device(s) to be calibrated. Service will not be performed without a completed Decontamination Form. Orders will not be processed without all completed paperwork and payment method. Be sure to include a hard copy of your P.O. with your order reflecting the dollar amount.

