

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).**



Thermal Mass Flow Calibration Service Request for Quote/Order Form

(Please use one form per Meter/Controller)

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)

Service Offerings for meters/controllers (1500 psig or below) (2 sccm to 100slpm)

Please select all that apply - for all other flow rates and pressures, call for details.

Level 1 Thermal Mass Flow Calibration Service - Troemner's most comprehensive NIST traceable calibration service - convenient single fee covers calibration, labor and all necessary replaceable parts - circuit boards and sensors are additional for some makes and models. Utilizes a 7 point "as found" and a 7 point "as left" measurement structure.

Level 2 Thermal Mass Flow Calibration Service- A NIST traceable calibration that includes 7 point "as found" and 7 point "as left" data. Adjustments are included. Parts are not included.

Level 3 Thermal Mass Flow Calibration Service - designed for companies that require third party verification and NIST traceability. The "as found" data is collected utilizing a 7 point test. Parts and adjustments are not included.

Note - For Level 1 and Level 2 Services, replacement of all Buna and Viton seals, seats and O-rings are included when required. For Kal-Rez and Teflon, additional charges apply - please call for details.

48 Hour Turnaround Time **1 Week Turnaround Time** **Flow rate below 10 sccm** **Cleaning for Oxygen Service**

Meter Controller Information (Please use one order form per meter/controller)

Manufacturer: _____ Valve Seat Material: _____
 Model #: _____ O-ring Material: _____
 Serial Number: _____ Inlet Pressure: _____
 Process Gas: _____ Outlet Pressure: _____
 Flow Rate: _____ Input Signal: _____
 Reference Temperature: _____ Output Signal: _____
 Recalibration Interval: _____

Shipping Instructions (If not specified Troemner will ship order UPS Ground Prepay & Add)

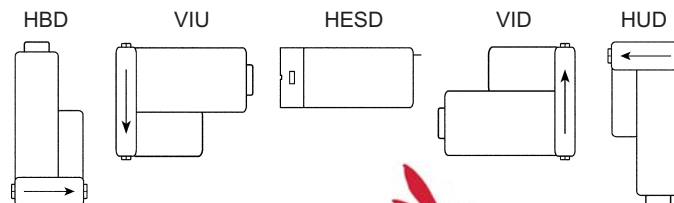
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FedEx (Standard) (Priority) (2nd Day) Bill Senders Account #: _____
DHL (Standard) (Priority) (2nd Day) Bill Senders Account #: _____

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Trucking Company: _____ Account #: _____

3-078-BF (Rev. 06/07)

Circle Correct Mounting Position



For Troemner Use Only

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



Precision & Balance Matched Only By Nature

ORDER FORM THERMAL MASS FLOW CALIBRATION

From: _____

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

From: _____

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

From: _____

TO: Troemner / Thermal Mass Flow Calibration
201 Wolf Drive
Thorofare, NJ 08086-0087 USA