

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 (08/07)

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).**



Weight Recalibration Service Request for Quote/Order 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

****Please complete the Troemner Request for Quote/Order Form Cover Page to fax with this form****

Order or **Request for Quote** (Check One)

Please provide the following information:

Range of Weights	Material	# of Weights	Serial Number	Tolerance Class	Prior Certificate #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Recalibration Interval: _____

Documentation Required:

- | | |
|---|---|
| <input type="checkbox"/> NVLAP Weight Calibration Certificate
(NVLAP Lab Code 105013-0) | <input type="checkbox"/> NVLAP Density Determination
(NVLAP Lab Code 105013-0) |
| <input type="checkbox"/> UKAS Certificate of Calibration
(A UKAS Accredited Calibration Laboratory No. 0516) | <input type="checkbox"/> NVLAP Magnetic Susceptibility
(NVLAP Lab Code 105013-0) |
| <input type="checkbox"/> NIST Traceable Certificate | <input type="checkbox"/> NIST MMAP Report of Mass Values |

Weight Calibration includes cleaning and adjustment. Troemner's Zero Tolerance Policy will be followed if your calibration weight is found to be out of tolerance and the weight will be replaced for FREE!

Restrictions may apply. Classes E1, E2, and Class 0 weights are not included.

Troemner reserves the right to make the final decision on signs of excessive wear or damage that would exclude weights from this free replacement program. Contact Troemner with any questions on these restrictions.

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 #: _____

3-011-BF (8/07)

For Troemner Use Only

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

****NOTE:** Troemner will now be sending certificates electronically along with a hard copy certificate. Please be sure to include your email address on the cover page to have the certificates sent electronically to you.



From: _____

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

From: _____

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

From: _____

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