

# 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: \_\_\_\_\_  
Preferred method of shipping: \_\_\_\_\_

**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.  Bill Me *(New customers must include credit references)*  Wire Transfer

**Credit Card Information:** Card Type *(Check one)*  Visa  MasterCard  American Express  
Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on the Card: \_\_\_\_\_ Signature: \_\_\_\_\_  
Organization Name on Card: \_\_\_\_\_

**Purchase Order Number:** \_\_\_\_\_ *(Please include a hard copy of the P.O. with the order reflecting dollar amount)*

|   |                    |             |
|---|--------------------|-------------|
| <b>Have items/devices been exposed to hazardous contamination? Circle Yes** or No</b>   |                    |             |
| Signature: _____  | Title: _____       | Date: _____ |
| Print Name: _____   | Print Title: _____ |             |
| <b><i>I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.</i></b> |                    |             |

Please send me Troemner's Precision Weights and Calibration Services desk reference. 3-118-BF (01/05)  
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 printed in this desk reference or available at Troemner's website).**

