

# 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 OR EMAIL TO: troemner@troemner.com

ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:

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  Send Electronic Certificate Only  
Organization: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Method of Payment:** (For orders only)  Credit Card  Wire Transfer/ACH  Payment Terms (if previously approved)

**Credit Card Information:** Card Type (Check one)  Visa  Mastercard  American Express  
Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on the Card: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
Organization Name on the Card: \_\_\_\_\_  
Billing Address (Street # / Zip Code): \_\_\_\_\_

**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)

<b>UPS</b>	<input type="checkbox"/> (Overnight)	<input type="checkbox"/> (2nd Day)	<input type="checkbox"/> (Ground)	Bill Senders Account #: _____
<b>FedEx</b>	<input type="checkbox"/> (Standard)	<input type="checkbox"/> (Priority)	<input type="checkbox"/> (2nd Day)	Bill Senders Account #: _____
<b>DHL</b>	<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 #: \_\_\_\_\_

ORDER FORM

COVER PAGE

# Electrical Calibration Service Request for Quote/Order Form

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX TO: 856-686-1601 Sales Department OR EMAIL TO: troemner@troemner.com  
ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
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:

Type of Device	Model Number	Serial Number	Range of Device	Manufacturer Specifications	Customer Specifications (please attach)
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Any other information regarding calibration requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Electrical Calibration Service includes "as found" and "as left" data.  
If a device cannot be calibrated to the specification, a Troemner sales representative  
will contact the customer for further instructions.**

Recalibration Interval: \_\_\_\_\_



# Statement of Decontamination Form

Organization: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX TO: 856-686-1601 Sales Department OR EMAIL TO: troemner@troemner.com

ATTN: \_\_\_\_\_

For calibration service, send items and include this form to:  
Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

End User: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**Weight / Device** (please check one):

- Weight(s)     Flow Meter(s)     Temperature Device(s)     Humidity Device(s)     Pressure Device(s)  
 Electrical Device(s)     Time and Frequency Device(s)     Pipette/Liquid Handling     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: \_\_\_\_\_

**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.**

**Case Replacement Policy: If a broken or damaged case is being replaced, Troemner will remove all unique identifiers and return with the weights. The broken or damaged case will then be discarded unless the indicated that the old case should be returned.**

