

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)

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 #: _____

ORDER FORM

COVER PAGE

Pressure Calibration Service Request for Quote/Order Form

Organization: _____ Contact: _____ Phone: _____

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

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

Order or Request for Quote (Check One)

* Troemner's most comprehensive NVLAP (Lab Code 105013-0) accredited NIST traceable calibrations. Each range is priced separately. Reasonable adjustments are included except for Dead Weight Testers

****As found and as left data**

- PRS21 - 21 Points** - 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0 % FS
- PRS16 - 16 Points** - 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 80, 60, 40, 20, 0 % FS
- PRS13 - 13 Points** - 0, 12.5, 25, 37.5, 50, 62.5, 75, 87.5, 100, 75, 50, 25, 0 % FS
- PRS11 - 11 Points** - 0, 20, 40, 60, 80, 100, 80, 60, 40, 20, 0 % FS
- PRS09 - 9 Points** - 0, 25, 50, 75, 100, 75, 50, 25, 0 % FS
- PRS07 - 7 Points** - 0, 25, 50, 75, 100, 50, 0 % FS
- PRS05A - 5 Points** - 0, 50, 100, 50, 0 % FS - Absolute Mode Devices
- PRS05G - 5 Points** - 0, 50, 100, 50, 0 % FS - Gauge & Negative Gauge Mode Devices
- PRSDWTAF - Dead Weight Tester as found data only. Data collected for each weight of a set.

Measuring Equipment Device:

Manufacturer: _____	Model #: _____	S/N: _____
Tolerance: _____	Pressure Range: _____	
Manufacturer: _____	Model #: _____	S/N: _____
Tolerance: _____	Pressure Range: _____	
Manufacturer: _____	Model #: _____	S/N: _____
Tolerance: _____	Pressure Range: _____	
Manufacturer: _____	Model #: _____	S/N: _____
Tolerance: _____	Pressure Range: _____	

Recalibration Interval: _____

Statement of Decontamination Form

Organization: _____ Contact: _____ Phone: _____

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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: _____

Manufacturer: _____ Model: _____ Serial #: _____ Qty: _____

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.

