

**ATTN: CALIBRATION DEPT.**

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MAILING ADDRESS

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PHONE

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# ▶ INSTRUMENT RETURN FORM ◀

Date: \_\_\_\_\_ Item(s) returned for:  Calibration  Repair  Other \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(End-User)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bill to Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship Via:  UPS  FedEx  Other: \_\_\_\_\_

Instrument/Probe Model Number	Serial Number	Instrument/Probe Model Number	Serial Number

**for Estimate:** Call  E-mail

Purchase Order # \_\_\_\_\_

**for PO#:** Call  E-mail

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_ / \_\_\_\_

**for CC#:** Call  E-mail

Contact Person: \_\_\_\_\_  
(Purchasing)

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Malfunctioning Symptoms, Special Instructions, etc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_