



# Delmhorst Instrument Co. Repair/Return Data Sheet

02-10

To expedite your repair request, please print this form, fill it out, and include it with your unit to be repaired.  
Please cut the address label shown below to place on the shipping carton.  
Refer to "Service For Your Meter" section of your owner's manual, or [www.delmhorst.com](http://www.delmhorst.com) for more detail.

Today's Date: _____ / _____ / _____	Company Name: _____
Account #: _____	Contact Person: _____
Tel #: (____) _____ - _____	Cell #: (____) _____ - _____
Fax #: (____) _____ - _____	E-mail: _____

### BILLING ADDRESS

Address 1: _____	City: _____
Address 2: _____	State: _____ Zip Code: _____

### SHIPPING ADDRESS (If different from Billing Address, Please no PO Boxes)

Address 1: _____	City: _____
Address 2: _____	State: _____ Zip Code: _____

Model: _____	Serial #: _____
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Briefly Describe Problem: \_\_\_\_\_

Please indicate if either of the following is needed:  
Letter of Certification (\$15 NET)  Letter of Certification with Before and After Readings (\$25 NET)

Date of Original Purchase: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (If under warranty, include copy of original invoice)

Non-warranty repairs cost \$95 on average. If you would like to authorize repair costs of up to \$95 plus shipping, please fill in your credit card information below and sign where indicated. If the repair cost exceeds \$95, we will call for your approval before proceeding.

Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>	AMEX <input type="checkbox"/>	Account#: _____
Security Code: _____	Exp. Date: _____ / _____ / _____		
Name on Card: _____			
Address on Account: Same as Billing Address <input type="checkbox"/>			
Address 1: _____	City: _____		
Address 2: _____	State: _____	Zip Code: _____	
Signature: _____			

**Delmhorst Instrument Co.**  
**Attn: Service Department**  
**51 Indian Lane East**  
**Towaco, NJ 07082**