

In order 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 more detail.

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

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

Shipping Address (If different from Billing Address, Please no PO Boxes)		
Address 1: _____		
Address 2: _____		
City: _____	State: _____	Zip Code: _____

Model: _____	Serial #: _____
Briefly Describe Problem: _____	
If unit requires calibration, please indicate if either of the following is needed: Letter of Certification <input type="checkbox"/> Before and After Readings <input type="checkbox"/>	
Date of Original Purchase: _____ / _____ / _____	
(If under warranty, include copy of original invoice)	

Ship To:

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