



## Delmhorst Instrument Co. Service / Return Form

To expedite your service request, please complete and include this form with your unit(s) to be serviced.

Normal turnaround time is approximately 10 business days.

Today's Da	nte:/	Company Name:	
Account #	<u>:</u>	Contact Person:	
Tel #:	( ) -	Cell #: <u>(</u>	) -
E-mail:		_	
	BIL	LING ADDRESS	
Address 1	<u>;                                    </u>	City:	State:
Address 2	:	Zip Code:	Country:
	SHIPPING ADDRESS (If diffe	rent from Billing Address,	No PO Boxes)
Address 1	:	City:	State:
Address 2	:	Zip Code:	Country:
	DEVIC	CE INFORMATION	
Model:	Serial #:	Date of Original Purchase:	
		·	anty, include copy of original invoice)
Model:	Serial #:	Date of Original Purchase:  (If under warranty, include copy of original invoice)	
Briefly Des	scribe Problem(s):		
		NSTRUCTIONS ted regardless of service pe	formed.
	Service: Please contact me with an estimate (the cost of non-warranty service starts at \$125) Warranty-service: Items are serviced and returned at no charge if shipped within the U.S. via UPS Ground		
Please ind	icate if either of the following is needed: Letter of Certification (NIST Traceability) (\$30 Letter of Certification with Before and After R	•	
Signature:		Date:	
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Attn: Service Department
51 Indian Lane East
Towaco, NJ 07082