

AUTHORIZATION FOR SERVICE



DATE: _____

| CONTACT INFORMATION | |
|---|--|
| Last Name: | First Name: |
| Company Name: | |
| Office Phone: | Cell Phone: |
| Email Address: | Fax: |
| PAYMENT INFORMATION | |
| Purchase Order Number: | Estimate Needed Before Repair: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Effective 8/1/16, a fee of \$50 will be charged for estimates (per instrument). If the repair is approved, the fee will be waived.</i> |
| Credit Card Number: <input type="checkbox"/> Call <input type="checkbox"/> On File Last 4 # _____ | Calibration Certificate Needed: <input type="checkbox"/> Yes (Additional Charge) <input type="checkbox"/> No |
| SHIPPING INFORMATION | |
| Street Address: | |
| City: | State/Province: |
| Country: | Zip Code/Postal Code: |
| BILLING INFORMATION (If Different From Shipping Information Above) | |
| Company Name: | Street Address: |
| City: | State/Province: |
| Country: | Zip Code/Postal Code: |
| PRODUCT INFORMATION | |
| Product Name: | Quantity: |
| Serial Number(s): | |
| Please provide a brief description of the problem: | |

Please fill out and send with units to: **SENSIT Technologies**
851 Transport Drive
Valparaiso, IN 46383
Attn: Service Dept.

Questions?
 Please Call Customer Service: 219.465.2700