

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 A \$50.00 per instrument fee will be charged for requested estimates. If the repair is approved, the fee will be waived.
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