



AUTHORIZATION FOR SERVICE

Complete this form and send with units to the address listed below.

Date: _____

CONTACT INFORMATION

Last Name _____ First Name _____

Company Name _____

Office Phone _____ Cell Phone _____

Email Address _____ Fax _____

PAYMENT INFORMATION

Purchase Order Number _____

- Proceed with repair if costs are under 50% of instrument list price
- Proceed with repair if costs are under (Fill in dollar amount) _____
- Provide Estimate (additional fee for evaluation, fee is waived upon approval of repair)

Credit Card Number _____ Call On File Last 4 # _____

Calibration Certificate Needed Yes (Additional Charge) 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:

Send this form with units to:
SENSIT Technologies
851 Transport Drive
Valparaiso, IN 46383
Attn: Service Dept

WARNING:

Do not ship instruments with rechargeable battery installed.
Please install alkaline batteries, where applicable.
Ship rechargeable battery (uninstalled) with the instrument for service.