



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 _____

Please repair if the cost is:

☐ \$100.00 - \$300.00 ☐ \$301.00 - \$500.00 ☐ \$501.00 - \$700.00 ☐ \$701.00 - \$900.00

☐ 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 Department

WARNING:

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