



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.