



## 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.