



ISO/IEC 17025 and ANSI/NCSL Z540-1 accredited
The specialists in ASTM and laboratory thermometers & hydrometers
Members: ASTM API NCSLI ASQ NCWM

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Setting new standards in calibration excellence!

CALIBRATION ORDER FORM FOR (PET) Portable Electronic Thermometers

CUSTOMER INFORMATION

Date: _____

Bill to:

Ship to:

Technical Contact:

Name: _____ Phone: _____

Email: _____

Name on Certificate: _____

Same as above

DEVICE & TESTING INFORMATION

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

SERIAL NO. _____ MODEL NO. _____

OUT OF TOLERANCE ACTION

Should the device(s) submitted for calibration be received in inoperable condition, I authorize ICL Calibration Laboratories, Inc. to:
(check the appropriate option):

- Replace defective component(s) and restore unit to proper working order, calibrate per original instructions, and bill accordingly.
- Develop an estimate for cost of replacement instrument(s), and request authorization to proceed. (This may delay delivery beyond promised date.)
- DO NOT REPAIR. Return in "As Found" condition and charge according for labor and time incurred.

RECALIBRATION INTERVAL (per the requirements of your quality system)

Please indicate the calibration interval you wish to appear on the calibration report:

Please note that API Chapter 7, Section 8.2 Specifies a 1 YEAR calibration interval.

- 1 YEAR**
- NONE** (if you do not wish to have a 'Next Due' date appear.)

If the interval is not indicated by the client, we will insert the calibration interval specified in API Chapter 7, Section 8.2

Note: if we know your recalibration interval, we will contact you approximately one month before the expiration of that interval to remind you recalibration will soon be due.

PAYMENT OPTIONS (Please select one)

- Visa
- MasterCard
- American Express

Credit Card Number: _____ Expiration Date: _____

Name on Account: _____ Security Code: _____

Billing Street Address : _____ Zip Code: _____

RETURN SHIPMENT (Please select one)

- UPS Ground
- UPS Next Day
- UPS 2 Day
- FedEx Ground Collect
- FedEx Priority Collect
- FedEx 2 Day Collect
- Collect UPS Acct. No. _____
- Collect FedEx Acct. No. _____

Ship To Address:

**ICL CALIBRATION LABORATORIES, INC.
1501 DECKER AVENUE
SUITE 117
STUART, FLORIDA 34994
ATTENTION: RECEIVING DEPARTMENT**