Branom Instrument Co.

Since 1947

BRANOM INSTRUMENTATION

INSTRUMENT SERVICE FORM

Company Name: _____

Date: _____ Is This For Resale?: ☐ Yes ☐ No

Billing Address: (☐ Same as Physical Address) Physical Address:

_____ _____

_____ _____

Contact Name: _____

Phone Number: _____

Email: _____

REQUESTED SERVICES

Calibration Level (select only 1): ☐ Sticker Only ☐ Sticker & NIST Certificate

Repair, if needed (select only 1): ☐ Approved ☐ Quote Required

☐ Expedite (additional charge will apply)

Repair Notes and/or Special Instructions: _____

PAYMENT

☐ Purchase Order #: _____ ☐ Credit Card ☐ Cash/Check

METHOD OF RETURN

☐ Pick Up

☐ UPS ☐ PPA (prepaid and add) ☐ Collect #: _____

☐ Other: _____ ☐ PPA (prepaid and add) ☐ Collect #: _____

• INCOMPLETE FORM MAY DELAY ORDER PROCESSING •

Technical Services • 5500 Fourth Avenue South • P.O. Box 80307, Seattle, WA 98108-0307
1-800-767-6051 • 206-762-6050 • Fax 206-763-4165 • www.branom.com
Serving Washington, Oregon, Idaho, Alaska and Montana