

Customer:		Phone:		Email:	
Customer Information			Date Submitted:		
Company Name:			Purchase Order #:		
Report Results To:			Billing Contact (if different):		
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
<small>Please choose option(s) for receiving calibration certificates (electronic documents will be in PDF format).</small>					
Fax to:		Ship with Instrument:		Timing Request:	
Email to:		Mail with Invoice:		Drysedale & Associates Quotation #:	
	Instrument Model #	S/N	Calibration to be Performed	ISO or NIST	Any Specifications
1					
2					
3					
4					
Special Instructions:				Form completed by:	
Completed and signed calibration submission form indicates agreement with Laboratory terms and conditions, and authorizes Drysedale & Associates, Inc. to perform the requested calibrations. How would you like instrument(s) returned? Carrier: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Hand deliver <input type="checkbox"/> Customer PU Charges: <input type="checkbox"/> PP&A <input type="checkbox"/> Collect-Account					
Shipping instructions:					

Ship instruments to be calibrated to:
Drysedale & Associates, Inc.
595 Chicory Lane
Cincinnati, OH 45244