

Customer:	Phone:	Email:
Date:	Purchase Order #:	Drysdale & Associates Quotation #:

Ship To		Bill To	
Company Name:		Billing Contact (if different):	
Contact:		Street Address:	
Street Address:		City, State, Zip:	
City, State, Zip:		For Electronic Submission, Email Address:	
Please choose option(s) for receiving calibration certificates (electronic documents will be in PDF format).			
Report Results To:		Timing Request of Completed Calibration:	
Mail with Invoice: <input type="checkbox"/>	Email to:		
Ship with Instrument: <input type="checkbox"/>	Fax to:		
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 # _____ <input type="checkbox"/> Insure Shipment for: \$_____			

	Instrument Model #	S/N	Calibration to be Performed (ISO/NIST & number of points)	Any Specifications (specific temperatures, tolerance, as found & final data, reference previous calibration, include annual recalibration date on label)
1				
2				
3				
4				

Special Instructions:	Form completed by:
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