# CALIBRATION REQUEST FORM

## Customer Details

Customer Name: .....
Company: .....
Phone: .....
Email: .....
Quotation Ref (if applicable) .....

## Instrument Details

**INSTRUMENT 1 DETAILS**

Make: .....Model: .....
Serial Number: .....

Calibration: ☐ Yes ☐ No
**AND | OR**
Repair .....
(Nature of .....
the problem): .....

**INSTRUMENT 2 DETAILS**

Make: .....Model: .....
Serial Number: .....

Calibration: ☑ Yes ☐ No
**AND | OR**
Repair .....
(Nature of .....
the problem): .....

## Payment Method

By Credit Card ☐ Bank Transfer ☐

If you have an account, please enter your P.O. No: .....

*Please note that we cannot perform your calibration until we have received Payment or a Purchase Order from you (for approved customers only with agreed credit limits in place)*

CERTIFICATE OF CALIBRATION

POWERPOINT ENGINEERING

**Powerpoint Engineering Ltd.**
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