

Service Order Form

Company:			Contact:	(primary)	Α	ccount #:	(if known)	
Phone:	( ) -	E-mail:				P.0.:	(if applicable)	
Address:		-	City:		State:		Zip:	
Handling:	□ Call for Pick-Up	□ FedEx	(ac	count #)		(;	account #)	

Item:	Manufacturer:	Model:	Serial #:

Type of Certification: (choose one; if left blank, default selection is option 1)

□ 1) ANSI Z-540/17025 Compliant, no reported data if in tolerance.

- □ 2) ANSI Z-540/17025 Compliant, with in and out data reported.
- □ 3) NIST Traceable
- □ 4) Accredited ISO/IEC 17025:2017

Expedite:	Date: (\$45 or 50% of cal.) (\$30 or 30% of cal.)		□ 3-day (\$30 or 30% of cal.)	Estimate	Estimate Required:	
Date:			Would yo □ Yes	Would you like an account created on our customer portal?		
Delivered-By:	(first+la	st name)		Portal F	eatures:	
Received-By:	(company use)			libration Reminders ipment Tracking		• Printable Lists Instant Certification Access

