



# LUDLUM MEASUREMENTS, INC. TN DIVISION



ATTN: CALIBRATION DEPT.

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SHIPPING ADDRESS

TEL US / CAN

WEBSITE

## INSTRUMENT RETURN FORM

Date: \_\_\_\_\_ Item(s) returned for:  Calibration  Repair  Other: \_\_\_\_\_

Company Name for Certificate: \_\_\_\_\_

Contact Person: \_\_\_\_\_ (End-User) Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Bill to Address:		Instrument Return Address:	
Company Name: _____	Address 1: _____	Company Name: _____	Address 1: _____
Address 2: _____	City, State, Zip: _____	Address 2: _____	City, State, Zip: _____
		Same as Billing	

Ship Via:  Prepay and Add  Fedex Acct: \_\_\_\_\_  UPS Acct & Zip Code: \_\_\_\_\_  
 Drop off and Pick UP  Other: \_\_\_\_\_

Inst. Model Number	Inst. Serial Number	Probe Model Number(s)	Probe Serial Number(s)

List Number of Accessories: Cables: \_\_\_\_\_ Power Cords: \_\_\_\_\_ Other: \_\_\_\_\_

For Repair Estimate:  Call  E-mail For PO#:  Call  E-mail For CC#  Call  E-mail

Purchase Order # \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Purchasing Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Malfunctioning Symptoms, Special Instructions, etc: \_\_\_\_\_

Notice: Shipping gm detectors by air without a pressurized container could lead to damage to the detectors.

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