



Service Request

STANDARD METER LAB, INC.
236 Rickenbacker Circle * Livermore, CA 94551-7642
Phone 925.449-0220 * Fax 925.449-1704

SERVICE TYPE

- Normal Contract Warranty

DOCUMENTATION REQUIREMENTS

- Certificate of Calibration
No Additional Cost With As Found/As Left Readings
Readings Supplied @ additional cost. 17025 Accredited.
Additional cost

PROCESSING INSTRUCTIONS

- Number of Instruments: _____ 24 Hour Rush (100% Adder)
- Calibration, Repair Required, (Please state symptoms / malfunction in comments section on reverse)
- Proceed Using Std Billing Rates, (Note: For proceeds, repair cost is not to exceed 60% of a new unit)
- Order Not to Exceed \$ _____ Quote Prior to Repair Note: If Quote is not accepted a minimum \$50.00 evaluation charge will apply

CUSTOMER INFORMATION

- Terms P.O. # _____ Due on Receipt (Cash or Check)
- Credit Card (Please fill out page 2)

SHIP VIA

Company: _____ Street: _____ City: _____ State: _____ Zip _____ Contact: _____ Contact Phone: _____ Email Address: _____	<input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS 3 Day <input type="checkbox"/> UPS 2 Day <input type="checkbox"/> UPS Next Day <input type="checkbox"/> Will Call	<input type="checkbox"/> Other: _____ _____ _____ _____ _____
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Special Processing Instructions: _____

Authorized Signature: _____ Date: _____



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Credit Card Authorization Form

(Please fill out, sign and date)

Card Type: Visa ____ MasterCard ____ AMEX ____

Cardholder Name _____

Card Number _____

Expiration Date (MM/YY)* _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address: _____

AUTHORIZED SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form. This payment authorization is for the services indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.