

Major Safety Service Request

Calibration \$85
(If repairs needed, estimate will be provided.)

Manufacturer: _____
Model: _____
Serial Number: _____

Description of Symptoms or Problems:

Type of Service Desired/Comments:

Company Name: _____
Contact Person: _____
Phone: _____
Email: _____

Billing Address: _____
City, State, Zip Code: _____

Shipping Address: _____
City, State, Zip Code: _____

Payments via **Credit Card** are required (unless you have an established account):

Credit Card #: _____ Exp. _____ CCV: _____ **OR** PO#: _____

Card can be provided after approval of estimate is given.

- An estimate will be provided for approval via phone or email before any work is performed.
- Please allow 2-3 business days after receipt of monitor(s) before arrival of estimate.
- If applicable, please charge monitor(s) before shipping; this speeds up the process.

Signed By: _____

SHIP TO:

Major Safety Service
4500 Patent Road
Norfolk VA 23502

757-855-2088
support@majorsafety.com
www.majorsafety.com