

## **Breathalyser Calibration Form**

## Personal/Return Delivery Details

Tax	Invoice Name:				
Deliv	very Address:				
Suburb:		State: _	Postcode:		
Contact Name:			_Tel:		
Ema	il:				
Cali	ibration Device Type (Please Tick)				
Breathalyser Model:			No. of Units		
	AlcoSense Workplace/Industrial Breathalyser		- \$85.	00	
	AlcoSense Personal Breathalyser		- \$55.	00	
	Certificate of Calibration		- \$35.	00	
Mou	uthpieces				
	AlcoSense AL Series x 25 Straws		- \$35.00 ea.		
	AlcoSense Prodigy/S x 100 Straws		- \$65.00 ea.		
	AlcoSense Prodigy/S x 1 Passive Cu	р	- \$9.50 ea.		
	AlcoSense Precision x 100 Straws		- \$65.00 ea.		
	AlcoSense Surety x 100 Straws		- \$85.	00 ea.	
Frei	ight, Postage & Handling - We will utilise Quickle				
	breathayser, unless o  Return Freight Charge (1 OR 2 units)	irierwise dir	- \$20.00		
	Return Freight Charge (3-4 units & all PO boxe	s)	·		
Cre	dit Card Details				
Card	I Type (circle): Visa   MasterCard   AMEX				
Card Number:       Expiry Date:/_ CCV:					
Name on Card:Sign			Signati	ure:	
turnaro breatha subject	eathcheck will <b>never</b> share your personal credit card etails with anyone. We would times, there will be delays with your order should you not provide all delayser is appropriately packaged to minimise damage. Breathcheck will not be to change without notice. Check www.breathcheck.com.au for more information.	etails. Plea be liable fo	se allow 4-	5 working days for return. Ensure your	
				OFFICE USE ONLY	
Breathcheck PO Box 3009				#RA No:	
Carilsle South WA 6101				Date Received://	
	Ph: 08 9463 3243			Date Returned://	
	sales@breathcheck.com.au				