Ship To:

Service Request



St

•				Company:			
				Cust.# (if known):			
	TNITO			Address:			
JLW INSTRUME	:NIS						
4 N. Peoria St. Suite B-101				City/State/Zip:			
hicago, IL 60607				Contact Name:			
12) 666-0595 /ebsite: <u>www.jlwinstrumen</u>	ts.com			Contact Email:			
ore: https://jlwforce.com				Contact Tel:			
				Date :			
Manufacturer	Model #	Description	S/N	Control#	Qty	Price	Total
Method of Service:	NIST -or Other	·· ·					
Calibration Interval: 12	months unless specifi	ed here:					
Turn Around Time:	Std. (5-7 business da	ays) Expedited - 30%	or \$85 pren	nium, whichever is o	greater.		
Shipping Method:	Prepay & Add -or- UF	PS COL#:	or- F	FEDEX COL#:			_
		Email Inv. fo					
00 #		51/5 5 .					
Name on Card:							
Card Billing Addre							
City:			Zip:				
Email Address for			_ ·				
PURCHASE ORDER OR C.C.	NEEDED FOR SERVICE T	O PROCEED. INCLUDE PURC	HASE ORDER	AND/OR THIS FORM V	WITH SI	HIPPED IT	ΓEMS **
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Additional Comments:							
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Decision Rule: Measurement uncertainty not considered in the compliance statement, unless requested. For any additional charges, you will be contacted for approval. Fees may be assessed on repairs not approved.