



Innovators of Intelligent Technology

CALIBRATION ORDER FORM

Q3 Innovations, LLC
2349 Jamestown Ave., Suite 4
Independence, IA 50644
Tel: 319.334.3412
Fax: 319.334.3421
www.Q3i.com

CUSTOMER INFORMATION (Return Shipping Address)

<p>Name: _____</p> <p>Company Name: _____</p> <p>Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: () Fax: ()</p> <p>Email Address: _____</p> <p>Name of Unit to be Calibrated: _____</p> <p>Company Unit was purchased from: _____</p> <p>Approximate Date of Purchase: _____</p> <p>Approximate Date(s) of prior re-calibration: _____</p> <p>Did the unit appear to be testing properly during last use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>RETURN SHIPPING OPTIONS: (Please check one)</p> <p><input type="checkbox"/> UPS Ground* (Free) <input type="checkbox"/> UPS 3 Day Select* (\$10.00)</p> <p><input type="checkbox"/> UPS 2nd Day Air* (\$15.00) <input type="checkbox"/> UPS Next Day Air* (\$25.00)</p> <p><input type="checkbox"/> International Postage (\$10.00)</p> <p>* Continental USA only</p>	<p>Instructions:</p> <ol style="list-style-type: none"> 1. Include this Calibration Order Form filled out completely. 2. Include only the unit being calibrated. No accessories. 3. Include Calibration Payment (either by enclosing a check for \$19.99 payable to Q3 Innovations, LLC or completing the credit card information below). 4. Ship the unit to the following address: (to ensure delivery and tracking of your unit, we strongly recommend that you obtain delivery confirmation with the shipment*) <div style="text-align: center;"> <p>Q3 Innovations, LLC Attn: Service Center 2349 Jamestown Ave, Suite #4 Independence, IA 50644</p> </div> 5. Your product will be verified, recalibrated and shipped out within 2 business days. <p><small>*Q3 Innovations, LLC is not responsible for any damages incurred during shipping to the Service Center.</small></p>
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CREDIT CARD PAYMENT INFORMATION

Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order (Acceptance of Credit Application required prior to purchase on Net 30 terms)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number: _____	Expiration Date: _____
Exact Name on Credit Card: _____	
Signature: _____	
<small>(Include billing address of credit card if different than return shipping address)</small>	

FOR OFFICE USE ONLY

Date Re-Calibrated: _____
Technician: _____
Payment Received: _____