

Track Your Blood Alcohol Content
BACTRACK[™]
Sleek. Simple. Accurate.

KHN Solutions LLC
300 Broadway Ste 26
San Francisco, CA 94107
Phone: 415-693-9756
www.Bactrack.com



Calibration Order Form

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Country: _____

Phone: () _____

Fax: () _____

Email Address: _____

Approximate Date of Purchase: _____

Approximate Date(s) of prior re-calibration: _____

Where did you purchase your Bactrack? _____

1. Include this Calibration Order Form filled out completely.
2. Include Calibration Payment (either by enclosing a check for \$19.99 payable to KHN Solutions LLC or completing the credit card information below).
3. Ship the unit (postage prepaid) to the address listed at the top of this page. To ensure delivery and tracking of your unit, we strongly recommend that you obtain delivery confirmation with the shipment.
4. Your product will be recalibrated and shipped out within 5 business days.

KHN Solutions LLC is not responsible for any damages incurred during shipping to the Service Center.

Payment Information:

Payment: Credit Card Check Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____

Signature: _____

(Billing Address of credit card should match return shipping address above)