

Track Your Blood Alcohol Content  
**BACTRACK**<sup>™</sup>  
Sleek. Simple. Accurate.

KHN Solutions LLC  
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San Francisco, CA 94133  
Phone: 415-693-9756  
Fax: 415-358-8030



### 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)