

**Delmhorst Instrument Co.  
Product Repair Form**

To expedite your service request, please complete and include this form with your unit(s) to be serviced.

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Tel #: (\_\_\_\_) \_\_\_\_\_ - Cell #: (\_\_\_\_) \_\_\_\_\_ -

E-mail: \_\_\_\_\_

**BILLING ADDRESS**

Address 1: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Address 2: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**SHIPPING ADDRESS (If different from Billing Address, No PO Boxes)**

Address 1: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Address 2: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

**DEVICE INFORMATION**

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Date of Original Purchase: \_\_\_\_\_  
(If under warranty, include copy of original invoice)

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Date of Original Purchase: \_\_\_\_\_  
(If under warranty, include copy of original invoice)

Briefly Describe Problem(s):

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**INSTRUCTIONS**

*All meters are recalibrated regardless of service performed.*

- Service: Please contact me with an estimate (the cost of non-warranty service starts at \$140)
- Warranty-service: Items are serviced and returned at no charge if shipped within the U.S. via UPS Ground

**Please indicate if either of the following is needed:**

- Letter of Certification (NIST Traceability) (\$40 NET)
- Letter of Certification with Before and After Readings (\$60 NET)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Attn: Service Department  
51 Indian Lane East  
Towaco, NJ 07082**

