



MJW Technical Services

MJW Technical Services, Inc.

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Calibration / Repair Order Form

Date: _____

Name on Cal Cert: _____

Location: _____

Billing Information:

Contact Person: _____

Phone: _____

Fax: _____

E-mail: _____

Service Requested:

Calibration Repair Other: _____

Contact Person: _____

(Tech / User)

Phone: _____

E-mail: _____

Invoice to be sent via:

E-mail Fax Mail

Tax Exempt:

No Yes # _____

Payment via:

Credit Card Purchase Order # _____

Bill to Address:

Ship to Address:

Same as Bill to Address

Shipping Method:

UPS FedEx

Type of Service: _____

Use Customer Acct#: _____

Zip Code for Acct#: _____

Insurance: No

Yes Amount _____

Instruments / Probes / Cables

Table with 3 columns: Manufacturer, Model, Serial. Multiple empty rows for data entry.

Battery replacement as needed Yes No

Repairs approved up to \$ _____

Call w/repair estimate WO#: _____

Email repair estimate Surveyed By: _____

Special Instructions, malfunctioning symptoms, etc.

Large empty rectangular box for special instructions.