

CALIBRATION LAB SERVICE REQUEST FORM



Customer Information	
Name	Company
Phone	Email
Product Information	
Make and Model	Serial Number
Company Purchased From	Date of Purchase (approximate is acceptable)
Is this a warranty claim (Basic Check, Calibration Check and Full Check are not covered by warranty) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Service Requested	
<input type="checkbox"/> Basic Check <input type="checkbox"/> Calibration Check <input type="checkbox"/> Full Check <input type="checkbox"/> Inspection <input type="checkbox"/> Repair	
Reason for Service Request (fault experienced)	
Addition Information & Notes	

Please fill in this form and attach it to the instrument you are submitting for service.
Send to:
TransNet NZ Limited, 78 Cryers Road, East Tamaki, Auckland 2013

