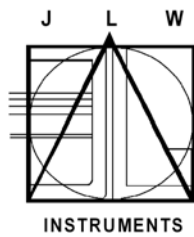


Tel: _____
Fax: _____



JLW INSTRUMENTS, INC.

14 N. Peoria St., Suite B-101, Chicago, IL 60607-2755
312.666.0595 • Fax 312.733.0009
E-Mail: jlw@jlwinstruments.com



RO# _____

DATE _____

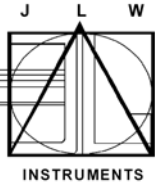
- Please complete the attached form and ship it with your service order.
- **Due to ISO 17025 requirements, "Recommended Recertification Dates" are not permissible on calibration certificates or stickers, unless specifically requested by the customer. If you require a calibration due date then circle appropriate interval or enter specific date on following form.**
- If you have any questions call 888-666-0595 ext. 206 or fax 312-733-0009.
- Instruments received for service are subject to a diagnostic fee if you choose not to have the service completed, or if the instrument cannot be serviced.
- Ship to: Attn: Service
 JLW Instruments, Inc./Metrology Concepts
 14 North Peoria Street
 Suite B-101
 Chicago, IL 60607-2755

In order to facilitate quicker service please cut out the label below to use as your shipping address label. All service orders **MUST** have an RMA Number.

RMA# _____

JLW INSTRUMENTS / METROLOGY CONCEPTS
14 NORTH PEORIA STREET
SUITE B-101
CHICAGO, IL 60607-2755

- **Recall Notices** will be sent to the "Bill To" Address unless you inform us otherwise. A Recall Notice is a mailing sent to remind the recipient that the instrument is due for calibration.
- **NOTE: An Evaluation Fee may be charged if an estimate for service is refused.**



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RMA # _____
 DATE _____
 CUSTOMER NO. _____

RETURN MATERIALS AUTHORIZATION FORM

INCLUDE COMPLETED FORM WITH REPAIR/ CALIBRATION ITEMS

Name: _____ Tel (Very Important): _____
 Company: _____ FAX (Very Important): _____

ITEMS FOR REPAIR / CALIBRATION

JLW Control #	Model	Description	Serial Number	Basic Svc Fee	Adjustment Fee

Calibration interval is normally 12 months. If, a differnt interval is requested please note below. Accuracy _____%
 Basic service fee includes: clean, inspect and certify. for Deadweight Tester
 CUSTOMER COMMENTS _____

TYPE OF SERVICE

Calibration (includes certificate) ISO 17025 Repair Warranty Other

CUSTOMER AUTHORIZATION TO PROCEED

NOTE: Service of instruments will NOT commence without Completed Authorization. Purchase Order # _____
 Name on Card: _____

NOTE: Check below selection you wish to apply, if unexpected VISA or MC Card #: _____
 repairs or services are required. Exp Date: _____ Security Code: _____

- Finish** service and bill for any additional parts or services, as long as cost **does not** exceed: 1/3 replacement cost of instrument OR \$ _____ (enter value) .
- Interrupt** the service, develop a new estimate, and request authorization to proceed. (This option will delay service beyond requested delivery date and adds \$25.00 to the total work order.)
- Stop** service, return instruments, and bill us the Technical Evaluation Fee.

TURN AROUND TIME

Standard 5 Day 24 Hour ** 48 Hour ** (Turnaround Times are for calibration only)

**Subject To 30% Premium or \$50.00 whichever is greater. Subject To Laboratory Schedule (Must Call to Schedule)
 PO# and/or VISA/Mastercard required)

SHIP VIA: _____ (If freight is collect, please provide your account number next to the selected carrier) **All** shipments may be subject to a handling charge.

SHIP TO			BILL TO		
Attention			Attention		
Street Address			Street Address		
City	State	Zip	City	State	Zip

company name _____ Issued by: _____
 Contact Code JLW