

This form MUST be completed and enclosed with item to be serviced.

Hazardous Material Warning! – <u>DO NOT</u> return gas cylinder with instrument!

<u>No</u>	ote: Please	ship items in the	neir original ship	oping contain	ner.		
Contact information:							
Name Cust Your Billing Address Agency Name:			Phoi				
			Your Shipping Address Agency Name:				
Address:			Address:				
City:	State:	Zip:	City:		State:	Zip:	
Credit Card/PO #:		-	Contact Pe	erson:			
Name on Card:	Contact Pl	Contact Phone:					
Expiration Date:			Email:				
Note: An evaluation fee service items whi			. ⁵⁰ (fuel cell), pl	us return shi	pping cost, v	vill apply to	
I authorize all repa	airs to be p	erformed.					
After repair, add "Cei	tificate of (Calibration" fo	or: S-D2, S-	-D5, I-300 (\$	319)		
Authorized By:			☐ I-200, I-	240, I-400, I	-600 (\$39)		
•				Ship ite	em to:		
Name (Please Print)			tle	CMI, In Attn: S			
Signature		Da	ate		horo KV 42		