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Calibration/Service/Customer Returns Form [QMF36]

Please complete this form with as much information as possible and include it in the parcel with the equipment you are returning to the above address. Remember to take a copy for your own records.

Before returning for repair, please check the FAQ online for that particular product.

| | | | |
|---|--|--|-------------------|
| Company: | | | |
| Address: | | | |
| Town: | | | |
| County: | | Postcode/Zip | |
| Contact Name: | | | |
| Country: | | | |
| Contact Telephone: | | Extension | |
| Contact E-mail: | | | |
| Your Purchase Order No: <i>(if applicable)</i> | | Your Service Contract Agreement No: <i>(if known)</i> | |
| Returns Number: <i>(if known)</i> | | | |
| Product Name: | | Model: | |
| Serial Number: | | | |
| Does the item require calibration? | YES/NO <i>(delete as appropriate)</i> | Current Certificate Number: | <i>(if known)</i> |
| Does the item require general service? If yes, please give details | YES/NO <i>(delete as appropriate)</i> | | |
| Does the item require repair? If yes, please give details | YES/NO <i>(delete as appropriate)</i> | | |
| Any other comments? | | | |

CANTIUM SCIENTIFIC USE ONLY

| | | | | | |
|-----------------------|--|--------------------------|--|-------------------|--|
| Received by: | | Date: | | Job Number | |
| Repair Report: | | Calibration Cert: | | | |