

Fax this form to: 260-471-0501

CUSTOMER INFORMATION SHEET

Company Name: _____

Mailing Address: _____

Shipping Address: _____

Billing Name And Address: _____

Who do we contact when your equipment is coming due for calibration? _____

Contact Name - Correspondence: _____ Title: _____
(Send Cal. Certs. To)
Phone: _____ Fax: _____ Email: _____

Contact Name - Billing: _____
Phone: _____ Fax: _____ Email: _____

Contact Name - Technical: _____ Title: _____
Phone: _____ Fax: _____ Email: _____

Contact Name - Purchase Orders: _____
Phone: _____ Fax: _____ Email: _____

Payment Terms*: _____ State Tax Exempt #: _____

Data Required: Yes _____ No _____ Only if found out of tolerance _____

Your Quality Certification/Accreditation: _____

Do you require/desire ISO 17025 Accredited Calibration? _____

Calibration Interval (in months): _____

Due Date Adjustment (ex: End of Month)? _____

Purchase Order Required? Yes _____ No _____

Shipping Preference: _____ Account number (if we are to use): _____

***Our payment terms are Net 30 unless you specify otherwise (greater than 60 days requires authorization from Century Labs II Corporation). Century Labs II Corporation charges \$5.00 per piece each direction to pick up and deliver, with a \$25.00 maximum.**