



Innovators of Intelligent Technology

CALIBRATION ORDER FORM

Q3 Innovations, LLC
2349 Jamestown Ave., Suite 4
Independence, IA 50644
Tel: 319.334.3412
Fax: 319.334.3421
www.Q3i.com

CUSTOMER INFORMATION (Return Shipping Address)

Name: _____

Company Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email Address: _____

Name of Unit to be Calibrated: _____

Company Unit was purchased from: _____

Approximate Date of Purchase: _____

Approximate Date(s) of prior re-calibration: _____

Did the unit appear to be testing properly during last use? Yes No

Instructions:

1. Include this Calibration Order Form filled out completely.
2. Include only the unit being calibrated. No accessories.
3. Include Calibration Payment (either by enclosing a check for \$19.99 payable to Q3 Innovations, LLC or completing the credit card information below).
4. Ship the unit (postage prepaid) to the following address: (to ensure delivery and tracking of your unit, we strongly recommend that you obtain delivery confirmation with the shipment*)

Q3 Innovations, LLC
Attn: Service Center
2349 Jamestown Ave, Suite #4
Independence, IA 50644
5. Your product will be verified, recalibrated and shipped out within 2 business days.

*Q3 Innovations, LLC is not responsible for any damages incurred during shipping to the Service Center.

RETURN SHIPPING OPTIONS:* (Please check one)

- UPS Ground (Free) UPS 3 Day Select (\$10.00)
- UPS 2nd Day Air (\$15.00) UPS Next Day Air (\$25.00)

* Continental USA only

CREDIT CARD PAYMENT INFORMATION

Payment: Credit Card Check Purchase Order (//Acceptance of Credit Application required prior to purchase on Net 30 terms)
 Visa MasterCard American Express Discover

Credit Card Number:

Expiration Date:

Exact Name on Credit Card:

Signature:

(Billing Address of credit card should match return shipping address above)

FOR OFFICE USE ONLY

Date Re-Calibrated:

Technician:

Payment Received: