## **CALIBRATION TEST REQUEST**



Customer Details: (Client to be invoiced)			Details for Reports:	(Same as Customer Details)
Company:			Company:	,
Address:			Address:	
Suburb			Suburb:	
State:	Postcode:			Postcode:
			State:	Postcode:
Contact Name: Phone:		Purchase Order No:		
Email:			(PLEASE ATTACH)	
Shipping Information: Customer Address		Recalibration date Required		
SHIP ALL EQUIPMENT TO:	Report Address		☐ 6 months	36 months
Trilab Pty Ltd Attn:	Pick Up		12 months	☐ No date
Calibrations, 346A Bilsen	- 1.0 per mieureusiis		24 months	As below specified
Road Geebung, QLD, 4034 Site Visit				
Special Instructions:				
Item: (Select from Dropdown)	Client ID:	Serial Number	Type / Capacity	Additional Info / Re-Cal Date

Terms and Conditions:

Calibrations will be carried out in accordance with the standard terms and conditions of Trilab Pty Ltd. A copy of which is available upon request.