

AMERICAN PETROLEUM SERVICES, LLC



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Setting new standards in calibration excellence!

RE-CALIBRATION ORDER FORM

CUSTOMER INFORMATION

BILL TO: _____

DATE: _____

SHIP TO: _____

IN CASE OF TECHNICAL QUESTIONS,
WHOM SHALL WE CONTACT?

CONTACT: _____

PHONE: _____

E-MAIL: _____



INSTRUMENT CALIBRATION INFORMATION

RECALIBRATION INTERVAL: _____ (If you do not specify, we will default to a one year calibration interval)

Please check as appropriate: 'DEFAULT' test points are those specified by ASTM (for ASTM instruments) or by NIST/ASTM recommendations (for non-ASTM instruments). **If 'default' points are checked, no further information is required.**

SERIAL NO. _____	TEMPERATURES TO BE CALIBRATED:	DEFAULT	SPECIFIED BY CLIENT:	_____
SERIAL NO. _____	TEMPERATURES TO BE CALIBRATED:	DEFAULT	SPECIFIED BY CLIENT:	_____
SERIAL NO. _____	TEMPERATURES TO BE CALIBRATED:	DEFAULT	SPECIFIED BY CLIENT:	_____
SERIAL NO. _____	TEMPERATURES TO BE CALIBRATED:	DEFAULT	SPECIFIED BY CLIENT:	_____
SERIAL NO. _____	TEMPERATURES TO BE CALIBRATED:	DEFAULT	SPECIFIED BY CLIENT:	_____
SERIAL NO. _____	TEMPERATURES TO BE CALIBRATED:	DEFAULT	SPECIFIED BY CLIENT:	_____

SHIPPING ARRANGEMENTS

Customer will ship the instruments to APS, LLC via FEDEX/DHL and PREPAY FREIGHT.

I will use your FEDEX / DHL Account No and I will ship "COLLECT" !

Note: APS, LLC will PREPAY & ADD to Final Invoice.

FEDEX ACT No. PLEASE CALL or DHL: PLEASE CALL

CUSTOMER AUTHORIZATION

Prices assume that the instrument(s) submitted to be calibrated as requested above are suitable for calibration. If defects are determined to exist and the instrument(s) cannot be calibrated, I authorize American Petroleum Services, LLC. to: (check the appropriate option):

- € Provide new, identical instrument(s), calibrate per original instructions, and bill accordingly. All unusable, out-of-tolerance instruments will be returned to you.
- € Interrupt the calibration, charge for time incurred, develop an estimate for cost of replacement instrument(s), and request authorization to proceed. (This may delay delivery beyond promised date.)
- € Stop the work order, return the instrument(s), and bill for actual time incurred.

SAFETY INFORMATION

Have any of the devices being submitted for calibration been exposed to radiation, bio-hazardous material or other hazardous contamination?

No
Yes *

* If yes, I hereby certify that these device(s) have been decontaminated by approved methods and are safe for handling.

Signature: _____ Title: _____ Date: _____

Print name: _____ Company: _____

PAYMENT OPTIONS (Please select one)

Corporate Purchase Order PO# _____

Corporate Charge Card Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Name on Account: _____

ANY SPECIAL INSTRUCTIONS?

PLEASE NOTE:

**WE HAVE ENCLOSED A SHIPPING LABEL
BELOW FOR YOUR USE**

Ship To:

AMERICAN PETROLEUM SERVICES, LLC

3026 NW 72nd AVENUE

Miami, FL 33122

ATTENTION: CALIBRATION