

MAXPRO SERVICE REQUEST FORM

To avoid service delay, use this form when you send equipment to MAXPRO for service and/or calibration.

INSTRUCTIONS:

List only (1) piece of equipment/tool per form. Complete all information pertinent to your service request.

CUSTOMER INFORMATION:

Company: _____
Address: _____
City/St/Zip: _____
Contact Name: _____
Phone: _____
Email: _____

EQUIPMENT INFORMATION:

Manufacturer Model # _____
Equipment Serial # _____
Range: _____ If known
Accuracy: _____ If known
Unit of Measure: _____ If known
Customer Tool ID# _____ If known

SERVICE REQUESTED:

Inspection Repair Calibration

ISSUE/CONCERN:

CALIBRATION INSTRUCTIONS:

Calibration Interval: _____ frequency
All calibrations are performed in Clockwise (CW) direction.
If you require Counter Clockwise (CCW) calibration,
please contact MAXPRO before shipment.

ADDRESS FOR CALIBRATION CERTIFICATE:

Company _____
Address _____
City/St/Zip _____

When requesting calibration services, you must include the following in your shipment:

- * Transducer calibration: ship to us the transducer, display, cable & power cord.
- * Torqueing tool that uses a reaction arm calibration: ship to us the tool and reaction arm

If sending in torque tools for warranty claims, you must include the reaction arm.

INSTRUCTIONS FOR SHIPPING EQUIPMENT:

- * Use a sturdy box and appropriate packing to avoid damage to your equipment.
- * Do not use peanuts as packing material as they get into the inner workings of the equipment which may require additional labor to remove prior to inspection/repair/calibration.
- * If sending a Pump in for service - - **REMOVE** the oil prior to shipping.

SHIP TO OUR SERVICE CENTER:

MAXPRO Corporation
Attn: Michael Blahut - Service Manager
427 Sargon Way, Unit D
Horsham, PA 19044

If you have any questions about this form or services MAXPRO provides, please contact our office at 215-293-0800.

All tools/equipment subject to 1.5 hours analysis charge of \$120.00