Print and Mail with Pipettes to:

Choice Scientific
163 Mitchells Chance Rd., #113
Edgewater, MD 21037
800-973-3130

Contact:_____ Lab Head:_____

Institution:_____ Telephone:_____

Email:_____ Fax:_____

Department:_____

PROVIDE COMPLETE RETURN SHIPPING ADDRESS BELOW (include Building & Room#): No P.O Boxes:

Purchase Order# or Credit Card Information:

Complete Billing Address:

Service Plan Choices (See a list of our Service Plans on our website www.choicesci.com for details)

- ☐ Plan A
- ☐ Plan B (Includes "As Returned" Calibration Certificate)
- ☐ Plan C (Includes "As Found" & "As Returned" Calibration Certificate)

Calibration Certificate Due Date: (Circle One)
3 Months 6 Months 1 Year

INPORTANT: INCLUDE SERVERAL OF YOUR TIPS FOR ACCURACY:

Method of Return Shipping: (Circle One)

Priority Overnight Standard Overnight 2nd Day Express Saver Standard Ground