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Choice Scientific
574E Ritchie Hwy., Suite 122
Severna Park, MD 21146
800-973-3130

Contact: _____ Lab Head: _____

Institution: _____ Telephone: _____

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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)
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Calibration Certificate Due Date: (Circle One)

3 Months 6 Months 1 Year

IMPORTANT: INCLUDE SEVERAL OF YOUR TIPS FOR ACCURACY:

Method of Return Shipping: (Circle One)

Priority Overnight Standard Overnight 2nd Day Express Saver Standard Ground