

Purchase Order #:

## SERVICE REQUEST FORM Company: **Contact: Street:** City: **Province: Postal Code:** Phone #: Fax #: E-mail: **REQUESTED SERVICE** CALIBRATION/PM **REPAIR PIPETTE CALIBRATION BASIC** BRONZE **SILVER GOLD** For additional pipette calibration information please review the pipette return form. **DESCRIPTION AND EQUIPMENT LIST**

**AccuCal Services** 436-1641 Lonsdale Ave, North Vancouver, BC V7M 2J5 **Tel:** 604-355-3158 **E-mail:** accucalservices@gmail.com **Website:** accucalservices.com

Credit Card (Do not send number)