

To simplify filling out this form, press the tab button to go from one field to the next.

## Client Information

Company Name:	_____		
Billing Address:	_____		
	Street No and Name		
	_____	_____	_____
	City	Province	Postal Code
Ship To Address:	_____		
	Street No and Name		
	_____	_____	_____
	City	Province	Postal Code
Contact: (to receive quote)	_____		_____
	Name		Title
	_____	_____	_____
	Telephone	Fax	E-mail
Carrier:	_____		_____
	Preferred Carrier		Account #

## Equipment Information

Brand:	_____	Model:	_____
Serial #:	_____		
Problem:	_____		
Service Required:	<input type="checkbox"/> Calibration	<input type="checkbox"/> Repair	Under Guarantee: <input type="checkbox"/> Yes <input type="checkbox"/> No
*If under guarantee:	_____		
PO #:	_____	Invoice #:	_____
		Purchase Date:	_____

**Fill in and print this form to send it in with your equipment to:**

**ITM Instruments -- Attention: Service**

**Toronto:** 16975 Leslie St., Newmarket, Ontario L3Y 9A1

**Calgary:** #209, 4615 112 Ave SE, Calgary, Alberta T2C 5J3

**Montreal:** 20800 Boul. Industriel, Sainte-Anne-de-Bellevue, QC, H9X 0A1

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