

# PMT Calibration/Repair Form

When sending in instruments for repairs and/or calibration we need **all** of the following information filled out. Once completed please **print** out, attach a **purchase order** and put with instruments to ship. **If paying by credit card please Check box.**

Full Company Name:	
Complete Company Shipping Address:	
Complete Company Billing Address:	
Contact Name:	
Contact Email:	
Contact Phone:	
Shipper/Carrier & Shipping Account #:	
Return Shipping Method: (Overnight, 2 <sup>nd</sup> day, 3 <sup>rd</sup> day)	
Special Instructions:	

**FEDEX GROUND IS NOT AVAILABLE**

Return shipping is billed to the customer's account; please provide shipping account number above. Please also specify return shipping method, ground return shipping is **not available**.  
(If return shipping method is not specified it will default to 3<sup>rd</sup> day air)

---

Return Instruments to:  
**Physical Measurement Technologies, Inc.**  
Attn: Calibration  
4 Ling Street  
Marlborough, NH 03455