SERVICE REQUEST FORM



To avoid delay, use this form when you send equipment to MAXPRO for service and/or calibration.

INSTRUCTIONS:

List only (1) piece of equipment/tool per form. Complete all information pertinent to your service request.

<u>CUSTOMER INFORMATION:</u>	<u>EQUIPMENT INFORMATION:</u>
Company:	Manufacturer Model #
Address:	Equipment Serial #
City/St/Zip:	Range: If known
Contact Name:	Accuracy: If known
Phone: Email:	Unit of Measure: If known
	Customer Tool ID# If known
SERVICE REQUESTED: Inspection ISSUE/CONCERN:	Repair
CALIBRATION INSTRUCTIONS:	ADDRESS FOR CALIBRATION CERTIFICATE:
Calibration Interval: frequency	Company
*If calibration interval is not specified, customer agrees	s to 1 year Address
interval for equipment on this service form.	City/St/Zip
*All calibrations are performed in Clockwise (CW) direct	tion.
*If you require Counter Clockwise (CCW) calibration, pl	ease contact Maxpro before shipment.

When requesting calibration services, you must include the following in your shipment:

- * Transducer calibration: ship the transducer, display, cable & power cord.
- * Torque tool calibration: if tool uses a reaction arm ship it in with tool

If sending in torque tools for warranty claims, you must include the reaction arm.

INSTRUCTIONS FOR SHIPPING EQUIPMENT:

- * Use a sturdy box and appropriate packing to avoid damage to your equipment.
- * **Do not** use peanuts as packing material as they get into the inner workings of the equipment which may require additional labor to remove prior to inspection/repair/calibration.
- * If sending a Pump in for service - **REMOVE** the oil prior to shipping.

SHIP TO OUR SERVICE CENTER:

MAXPRO Corporation Attn: Michael Blahut - Service Manager 427 Sargon Way, Unit D Horsham, PA 19044

If you have any questions about this form or services MAXPRO provides, please contact our office at 215-293-0800.

All tools/equipment subject to 1.5 hours analysis charge of \$135.00

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