



QUALITY CALIBRATIONS, INC.

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Woman Owned Small Business since 1994

ISO 17025:2005 Certified since 2008

Pipette Mail in Order Form

1. Customer to include TIPS and/or chargers for each type of pipette.
2. Customer must complete and mail this form with your pipettes, and initial decontamination statement.
3. Select service: Basic _____ Platinum _____ ISO17025:2005 Accredited _____
4. Select Calibration Interval: Annual ___ Semi-Annual ___ Qtrly ___ Monthly ___

MODEL/BRAND	SERIAL NUMBER	NOTES
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____

Ship To:
 Company _____
 Contact _____ Phone _____
 Address _____
 City State, Zip _____
 Email _____ Fax: _____

Bill To:
 Company _____
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____
 Email _____ Fax: _____

Payment: Purchase order _____
 Credit Card: _____ Exp Date _____ Zip Code _____

Pipettes are normally returned in 48 hours from receipt
SELECT: Minimum insurance coverage (\$100 on the box –no additional charge) _____
OR chose \$ _____ total insurance coverage on the box (additional charge) _____

Desired shipping method:
 Ground _____ 2nd Day _____ Overnight _____

PIPETTES are decontaminated from radiation and biohazardous materials _____ (initial here)