



Woman Owned Small Business /ISO17025: 2017 Accredited

(877)- 747-3883 / (410)-443-2980

evelyn@qualitycalibrationsinc.com

SHIP TO: 1011 Bay Ridge Ave PMB# 163, Annapolis, MD 21403

Maryland Pipette Mail in Order Form

1. Customer to include several TIPS and/or chargers for each type of pipette.
2. Customer must complete and mail this form with your pipettes, and initial the “Decontamination Statement” on page 2.
3. Select Service: Basic ____ Platinum ____ ISO17025:2017 Level ____1 ____2 ____3
4. Select Calibration Interval: Annual ____ Semi-Annual ____ Qtrly ____ Mthly ____

MODEL/BRAND:	SERIAL NUMBER:	NOTES:
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PLEASE FILL OUT IMPORTANT INFORMATION BELOW:

RETURN PIPETTES TO:

Company: _____ Contact: _____

Address: _____

Email: _____ Phone: _____

BILL TO:

Company: _____ Contact: _____

Address: _____

Email: _____ Phone: _____

PAYMENT INFORMATION: (Please fill out either the purchase order no. or credit card info)

Purchase Order No.: _____

Name on Credit Card: _____

Credit Card No.: _____ Exp. Date: _____ Sec. Code: _____

Billing Address: _____

Accounts Payable Contact Information: _____

Pipettes are normally returned in 48 hours from receipt. Please select in the following options:

Insurance:

A. Minimum insurance coverage (\$100 on the box – no additional charge) _____

B. \$ _____ total insurance coverage on the box (additional charge) _____

Desired Shipping Method:

A. Ground _____ 2nd Day _____ Overnight _____

B. Attach a prepaid label for shipper of your choice

DECONTAMINATION STATEMENT:

ALL PIPETTES HAVE BEEN DECONTAMINATED FROM RADIATION AND BIOHAZARDOUS MATERIALS. _____ Initial