

# Magnetic Measurement / Calibration Requisition

Requisition Date:      /      /

Customer Information			
Customer Name		Contact Person	
TAX ID Number		Phone Number	(      )                      ext
Customer Address	□□□-□□	Cell Phone	
		E-mail	
Report (If it the same as customer information, please “√” in the □.)		Invoice (If it the same as customer information, please “√” in the □.)	
Report header TAX ID Number		Invoice header TAX ID Number	
Contact Person		Contact Person	
Phone Number	(      )                      ext	Phone Number	(      )                      ext
E-mail		E-mail	
Report Address	□□□-□□	Invoice Address	□□□-□□

Product Item Information (If the form isn't enough to fill in, please list the items on A4 paper)			
Product Item	Brand / Model / Ser. No.	Calibration / Measurement Description (Service Requirement)	Scheduled Start Date (Fill in by our side)

Special requisition and other requirement (If yes, please “√” in the □.)	
1. Special requisition:	<input type="checkbox"/> Urgent order (It will increase 50% fee, measurement /calibration within 3 days.) <input type="checkbox"/> The sample with special coating
2. Other requirement:	<input type="checkbox"/> Measurement of high and low temperature <input type="checkbox"/> Calibration as various points ( Ex:1 G, 500 G, 1 Tesla )

Receiver's Signature : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Contact Date (Y/M/D) :      /      /

Contact Time :

Stamp of Calibration Business Services    [Please Note Date]	Signature of Customer (please provide confirmation for calibration)    [Please Note Date]	Stamp of transport    [Please Note Date]
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After filling out, please scan and send to **info@mobilsens.com**, we will provide the quotation within 2 days as soon as possible.

