

Magnetic Calibration / Measurement Requisition

Quotation No.: _____ Date: ____ / ____ / ____ Record No.: _____

Customer Information			
Customer Name		Contact Person	
TAX ID Number		Phone Number	() ext
Customer Address	□□□-□□	Cell Phone	
		E-mail	
Report (<input type="checkbox"/> It the same as customer information.)		Invoice (<input type="checkbox"/> It the same as customer information.)	
Report header		Invoice header	
TAX ID Number		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 "v" in the <input type="checkbox"/> .)
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)
3. TAF Label on report: <input type="checkbox"/> Yes <input type="checkbox"/> No
4. On site Calibration: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, the address is _____).

Receiver's Signature : _____ Phone Number : _____ Receive Date (Y/M/D) : / / Receive Time : _____	Stamp of Calibration / Measurement Services [Please Note Date]	Signature of Customer (please provide confirmation for calibration) [Please Note Date]
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After filling , please scan and send to **info@mobilsens.com**, we will provide the quotation within 2 days as soon as possible.

