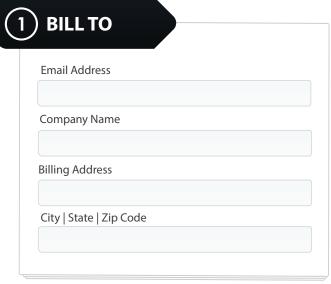


RECALIBRATION FORM



3 TO BE I	DONE			
Please che	eck mark the following:			
Gauge Damaged				
Cal	ll with estimate before repair			
Rep	pair if cost is less than 50% of new gauge			
5	SHIP TEST KIT TO: Test Gauge, Inc. 1051 E. Main St., Unit 107 East Dundee, IL 60118			

Company Nar	ne		
Shipping Add	ress		
City State Zi	p Code		
Purchase Ord	er#		
Contact			
Phone Numb	er		

PAYMENT	
Card Type Visa	astercard AMEX
Name as it appear	
Card #	
CVV	Expiration Date
Signature	

TERMS OF ACCOUNT

By signing this form you agree to the following terms of your account: Any invoice past 30 Days will receive a finance charge of 1.5%, any Invoice past 45 Days will cause your account to be placed as inactive. No transactions will be processed until payment is received, any invoice past 60 days will be sent to collections agency with a 1.5% finance charge added and a 35% collections charge to the entire balance of your account!