



RECALIBRATION FORM

1 BILL TO

Email Address

Company Name

Billing Address

City | State | Zip Code

2 SHIP TO

Company Name

Shipping Address

City | State | Zip Code

Purchase Order #

Contact

Phone Number

3 TO BE DONE

Please check mark the following:

Gauge Damaged

Call with estimate before repair

Repair if cost is less than 50% of new gauge

5

SHIP TEST KIT TO:
Test Gauge, Inc.
5644 South Meridian St. Suite E
Indianapolis IN 46217
Phone: (877) 353-4386
Email: in-franchise@testgauge.net

4 PAYMENT

Card Type
 Visa Mastercard AMEX

Name as it appears on card

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!