

COASTAL INSTRUMENTS SERVICE TAG	
<b>SERVICE LEVEL ("X")</b>	
*EXPEDITE SAME DAY:	_____
*EXPEDITE 24-HOUR:	_____
*EXPEDITE 3 DAY RUSH:	_____
Standard Service:	_____
COMPANY NAME: _____	
STATE: _____	
MANUFACTURER: _____	
MODEL NUMBER: _____	
SERIAL NUMBER: _____	
POINT of CONTACT: _____	
PHONE / EXT: _____	
EMAIL: _____	
RANGE (SCCM OR SLM) _____	
GAS: _____	
ACTUAL GAS USED: _____	
INLET (PSI or TORR):	_____ PSIG
OUTLET (PSI or TORR):	_____ PSIG
OPER RANGE (%FS to %FS)	_____ % to _____ 100
IF HAZARD, PURGED? (Y or N): _____	
MOUNTING POSITION:	_____ (circle below)
<b>SERVICE REQUIRED ("X")</b>	
CLEAN & RECALIBRATE: _____	
RANGE / GAS CHANGE: _____	
WARRANTY: _____	
*PRE-CAL DATA: _____	
BUILD: _____	
Method of Payment: PO, Credit Card, PayPal, ACH etc _____	
Method of Shipping: carrier, shipping level, method of paying shipping charge _____	
<b>Comment(s) Section</b>	
_____	
_____	
_____	
_____	
<b>SHIP TO:</b>	
<b>COASTAL INSTRUMENTS, INC</b> <b>707 Enterprise Drive</b> <b>Burgaw, NC 28425</b> <b>PH: (800) 632-4357</b> <b>FX: (910) 259-3375</b>	

Items marked with \* are additional charge

Please select service level you are requesting to the left by putting X.



Please enter information regarding yourself and your company.



A completed copy of this tag must be included with each device sent in for service. Areas in yellow are required.

Please enter information regarding your flow device and the range/gas etc you want the device calibrated for.



**NOTE: Without this information your order will be delayed while we try to get the correct information needed to service your device(s).**

Please circle or use this section to complete Mounting Position section.



Please enter the type of service you are requesting by putting X.

**Return Shipping Details**

UPS or FedEx?  
 Ground, 3rd Day, 2nd Day, Overnight etc?  
 Apply ship charge to account #, credit Card, invoice etc...  
 Is the work order being paid via PO or Credit Card?  
 If credit card what is email address of payee?

Please enter any comment and/or symptoms you have.



Please ship your device to this location.

