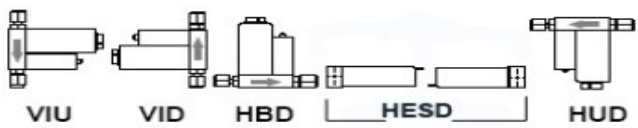


COASTAL INSTRUMENTS SERVICE TAG	
SERVICE LEVEL ("X")	
*EXPEDITE SAME DAY: _____ *EXPEDITE 24-HOUR: _____ *EXPEDITE 3 DAY RUSH: _____ Standard Service: _____	
COMPANY NAME: _____ STATE: _____ MANUFACTURER: _____ MODEL NUMBER: _____ SERIAL NUMBER: _____ POINT of CONTACT: _____ PHONE / EXT: _____ EMAIL: _____	
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)	
	
SERVICE REQUIRED ("X")	
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 _____	
Comment(s) Section	
_____ _____ _____ _____ _____	
SHIP TO:	
COASTAL INSTRUMENTS, INC 707 Enterprise Drive Burgaw, NC 28425 PH: (800) 632-4357 FX: (910) 259-3375	

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.