

COASTAL INSTRUMENTS SERVICE TAG

SERVICE LEVEL ("X")

*EXPEDITE SAME DAY: _____
*EXPEDITE 24-HOUR: _____
*EXPEDITE 3 DAY RUSH: _____
Standard Service: _____

Items marked with * are additional charge

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



COMPANY NAME: _____
STATE: _____
MANUFACTURER: _____
MODEL NUMBER: _____
SERIAL NUMBER: _____
POINT of CONTACT: _____
PHONE / EXT: _____
EMAIL: _____

Please enter information regarding yourself and your company.



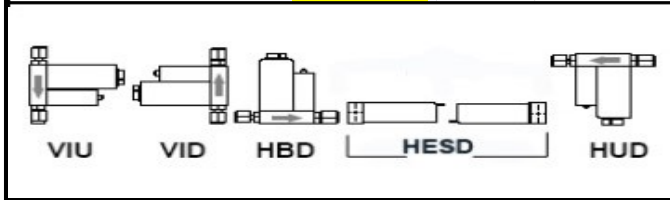
A completed copy of this tag must be included with each device sent in for service. Areas in yellow are required.

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)

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.



SERVICE REQUIRED ("X")

CLEAN & RECALIBRATE: _____
RANGE / GAS CHANGE: _____
WARRANTY: _____
*AS FOUND DATA: _____
BUILD: _____

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

Method of Payment: PO, Credit Card, PayPal, ACH etc

Method of Shipping: carrier, shipping level, method of paying shipping charge

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?

Comment(s) Section

Please enter any comment and/or symptoms you have.



SHIP TO:
COASTAL INSTRUMENTS, INC
707 Enterprise Drive
Burgaw, NC 28425
PH: (800) 632-4357
FX: (910) 259-3375

Please ship your device to this location.

