

Form for calibration or to send faulty device

Customer (shipping address / return)

Name: _____ Name of the company: _____
Street: _____
City: _____ Postal Code: _____
Telephone: () _____
Email address: _____
Place device was purchased: _____
Date of Purchase: _____
Date of the last calibration: _____ Does the device gives good results? Yes _____ No _____

Instructions

Only include payment if you wish to calibration your device

1. Include this form duly completed.
2. Only send your device, keep all attachments.
3. Include the payment of \$45.93 for calibration.
4. It is possible that the cost will exceed \$45.93, if the device needs be sent from the manufacturer (~~primarily~~ applicable to the model: BAQ Tracker). Please check with an agent.
5. Ship the device to the following address: ALCO Prevention Canada
4800, Highway 440 West, Suite 3
Laval (Quebec) H7T 2Z8
6. Your device will be verified in a period of 10 business days.

Payment by credit card

Modes of Payment: Credit Card _____ Visa . _____ MasterCard _____
Check _____

Credit Card Number: _____ Date of expiry: _____

Name as it appears on the credit card: _____

Signature: _____

(Include the credit card billing address, if it is different from the address of shipping / return address.)

For office use only

Date of the calibration: _____

Technician: _____

Payment received: _____