

ELECTRONIC MEASUREMENT LABS, INC.

"Best in Gas Detection"

(800) 452-6822

Sales ✎ Tech Support ✎ Service

PLEASE PRINT THIS FORM FOR CALIBRATION OR REPAIR AND RETURN WITH YOUR INSTRUMENT TO THE ADDRESS BELOW. PLEASE USE A SEPARATE FORM FOR EACH INSTRUMENT.

Return shipping instructions:

1. Ship material prepaid and insured to:

Electronic Measurement Labs, Inc.
Attn: Technical Services
668 Easton Avenue
Somerset, NJ 08873
2. Requests for estimate of repair will be subject to a \$69.00 evaluation fee should you decide not to proceed with repair or replacement. In the event you decide to purchase a new instrument within 120 days of the invoice, the evaluation fee will be credited toward that purchase.
3. After repair, your unit is calibrated to original factory settings or written custom specifications and is warranted against defects and workmanship of items repaired for 30 days. Disposable items are not covered under warranty. Suitability for use lies solely with user or safety personnel.
4. Repairing or altering of this article of equipment beyond the scope of maintenance instructions by stations other than factory or EML may void all warranties and approvals and could cause the product to fail to perform as designed. Please refer to your instrument manual for all operating instructions.

Inquiries about Technical Support or status on repairs please call us at (800) 452-6822

WE SELL AND SERVICE ALL BRANDS OF GAS MONITORS

EML now offers convenient calibration reminders and urgent instrument alerts via e-mail! To sign-up for this complimentary service, please register on our new website!!! <http://www.BestInGasDetection.com>

EML RETURN FOR SERVICE FORM

To help process your repair requests, please provide the following information:

| Customer's Billing Information (feel free to use company stamp or address label) | | Customer's Shipping Information (feel free to use company stamp or address label) | |
|---|--|--|--|
| Company Name | | Company Name | |
| Street/PO Box | | Street | |
| City/State/Zip | | City/State/Zip | |
| Contact Name | | Contact Name | |
| Phone Number | | Phone Number | |
| Fax Number | | Fax Number | |
| PO Number | | Instrument Serial # | |

Please select one of the following choices:

- Calibrate and return (PO Number required)
- Repair and return (PO Number required)
- Estimate required before repair (see item 2 on front of card)

Description of problem/special instructions:

Authorized by: _____

Title: _____

Date: _____