

SERVICE REQUEST FORM



To avoid service delays, use this form when sending up to (3) pieces of equipment to Maxpro repair and/or calibration.

CUSTOMER CONTACT INFORMATION:

Company: _____
Address: _____
City/St/Zip: _____
Contact: _____
Phone: _____
Email: _____

INSTRUCTIONS FOR SHIPPING EQUIPMENT:

- ✓ Use a sturdy box and appropriate packing to avoid equipment damage.
- ✓ **Do not** use peanuts as packing material! It gets into the inner workings which may require additional labor to remove prior to inspection/repair/calibration.
- ✓ If sending a Pump in for service - - **REMOVE** the oil prior to shipping.
- ✓ **Warranty Claims:** Torque tools **must** include the reaction arm.

EQUIPMENT INFO/CALIBRATION SPECS: Tool #1

Tool #2

Tool #3

Mfg Model #

Equipment Serial #

* **Range:**

* **Accuracy:**

* **Unit of Measure:**

Customer Tool ID#

Accessories:

check off all accessories
shipped with each piece of
equipment

* **If known**

<input type="checkbox"/> Reaction Arm	<input type="checkbox"/> Reaction Arm	<input type="checkbox"/> Reaction Arm
<input type="checkbox"/> Control Box SN _____	<input type="checkbox"/> Control Box SN _____	<input type="checkbox"/> Control Box SN _____
<input type="checkbox"/> Display SN _____	<input type="checkbox"/> Display SN _____	<input type="checkbox"/> Display SN _____
<input type="checkbox"/> Cable & Power Cord	<input type="checkbox"/> Cable & Power Cord	<input type="checkbox"/> Cable & Power Cord
<input type="checkbox"/> Regulator Cage	<input type="checkbox"/> Regulator Cage	<input type="checkbox"/> Regulator Cage
<input type="checkbox"/> Pressure Gauge SN _____	<input type="checkbox"/> Pressure Gauge SN _____	<input type="checkbox"/> Pressure Gauge SN _____
<input type="checkbox"/> Hose	<input type="checkbox"/> Hose	<input type="checkbox"/> Hose
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

NOTE: If sending equipment in for calibration, the following **must** accompany it:

- ✓ Torque tool: include the reaction arm, if your model uses one
- ✓ Transducer: include the display, cable and power cord

Service Requested

Issue/Concern:

<input type="checkbox"/> Repair	<input type="checkbox"/> Repair	<input type="checkbox"/> Repair
<input type="checkbox"/> Calibration	<input type="checkbox"/> Calibration	<input type="checkbox"/> Calibration

Calibration Interval:

- ✓ If calibration interval is not specified, customer agrees to 1 year calibration interval.
- ✓ All calibrations are performed in Clockwise (CW) direction. If you require Counter Clockwise (CCW), please contact Maxpro prior to shipping.

ADDITIONAL COMMENTS/INFORMATION:

SHIP TO OUR SERVICE CENTER:

MAXPRO Corporation
Attn: Michael Blahut - Service Manager
427 Sargon Way, Unit D
Horsham, PA 19044
215-293-0800 ext. 105

ADDRESS FOR CALIBRATION CERTIFICATE:

Company _____
Address _____
City/St/Zip _____

All tools/equipment subject to 1.5 hours analysis charge of \$135.00