

SERVICE REQUEST FORM



To avoid service delays, use this form when sending up to (3) pieces of equipment to Maxpro for 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"/> Control Box SN _____ <input type="checkbox"/> Display SN _____ <input type="checkbox"/> Cable & Power Cord <input type="checkbox"/> Regulator Cage <input type="checkbox"/> Pressure Gauge SN _____ <input type="checkbox"/> Hose <input type="checkbox"/> _____	<input type="checkbox"/> Reaction Arm <input type="checkbox"/> Control Box SN _____ <input type="checkbox"/> Display SN _____ <input type="checkbox"/> Cable & Power Cord <input type="checkbox"/> Regulator Cage <input type="checkbox"/> Pressure Gauge SN _____ <input type="checkbox"/> Hose <input type="checkbox"/> _____	<input type="checkbox"/> Reaction Arm <input type="checkbox"/> Control Box SN _____ <input type="checkbox"/> Display SN _____ <input type="checkbox"/> Cable & Power Cord <input type="checkbox"/> Regulator Cage <input type="checkbox"/> Pressure Gauge SN _____ <input type="checkbox"/> Hose <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"/> Calibration	<input type="checkbox"/> Repair <input type="checkbox"/> Calibration	<input type="checkbox"/> Repair <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 \$142.50