SERVICE REQUEST FORM

MAXPRO
TORQUE EQUIPMENT & CALIBRATION SERVICES

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

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**	☐ Reaction Arm ☐ Control Box SN _____ ☐ Display SN _____ ☐ Cable ☐ Power Cord ☐ Regulator Cage ☐ Pressure Gauge SN _____ ☐ Hose ☐ _____	☐ Reaction Arm ☐ Control Box SN _____ ☐ Display SN _____ ☐ Cable ☐ Power Cord ☐ Regulator Cage ☐ Pressure Gauge SN _____ ☐ Hose ☐ _____	☐ Reaction Arm ☐ Control Box SN _____ ☐ Display SN _____ ☐ Cable ☐ Power Cord ☐ Regulator Cage ☐ Pressure Gauge SN _____ ☐ Hose ☐ _____

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:*	☐ Repair	☐ Repair	☐ Repair
Calibration Interval:	☐ Calibration	☐ Calibration	☐ Calibration

- ✓ 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 $150.00