



CALIBRATION ORDER FORM

Midwest Alcohol Testing Specialists, LLC
2349 Jamestown Ave., Suite 4C
Independence, IA 50644
Tel: 319.334.3704
Fax: 319.334.3421
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CUSTOMER INFORMATION (Return Shipping Address)

Name: _____	Instructions: <ol style="list-style-type: none">Include this Calibration Order Form filled out completely.Include only the unit being calibrated. No accessories.Include Calibration Payment: (either by enclosing a check payable to Q3 Innovations, LLC or completing the credit card information below) \$19.99 - Slim/ Slim 2/Precision/Elite \$24.99 - ABI/PRO \$29.99 - PT500/PT750Ship the unit to the following address: (to ensure delivery and tracking of your unit, we strongly recommend that you obtain delivery confirmation with the shipment*) Midwest Alcohol Testing Specialists, LLC Attn: Service Center 2349 Jamestown Ave, Suite #4C Independence, IA 50644Your product will be verified, recalibrated and shipped out within 2 business days. <small>* Midwest Alcohol Testing Specialists, LLC is not responsible for any damages incurred during shipping to the Service Center.</small>
Company Name: _____	
Street: _____	
City: _____ State: _____ Zip: _____	
Phone: () Fax: ()	
Email Address: _____	
Name of Unit to be Calibrated: _____	
Company Unit was purchased from: _____	
Approximate Date of Purchase: _____	
Approximate Date(s) of prior re-calibration: _____	
Did the unit appear to be testing properly during last use? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PAYMENT INFORMATION	
Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order (Acceptance of Credit Application required prior to purchase on Net 30 terms) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number: _____	Expiration Date: _____
Exact Name on Credit Card: _____	
Signature: _____	

(Include billing address of credit card if different than return shipping address)

FOR OFFICE USE ONLY
Date Re-Calibrated: _____
Technician: _____
Payment Received: _____