

**Seiler Instrument Company- Headquarters** 3433 Tree Court Industrial Blvd St. Louis, MO. 63122

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Date:

## SERVICE REQUEST FORM (This form must be included with all items shipped for repair or service)

<b>Company Billing Information:</b>	<u>Shi</u>	Shipping Address: (if different)	
Company:	Company:		
Bill to Address:			
City/State/Zip:	City/State/Zip:		
Contact Name:	Contact Name:		
Email:			
Phone: Fax:		Return Shipment Back: (choose one)	
Reference Purchase Order# (if applicable):		<ul><li>□ UPS/Ground</li><li>□ UPS/Next Day Air</li><li>□ UPS/2nd Day Air</li><li>□ Pick Up at Seiler Office</li></ul>	
<b>Equipment information</b> (type of equipment, purchase	data, warranty informat	ion, etc)	
Equipment type/make:	Model number:		
Serial Number:			
Extended Warranty date(s)(if applicable): Hardware:		Firmware:	
Firmware Version:			
Service you would like completed on equipment:			
☐ Clean-Relube-Calibrate	☐ NIST Cert.	☐ Warranty Repair	
☐ Non Warranty Repair	☐ Estimate Only	☐ Other	
Do you want to be contacted with an estimate PRIOR to	o repairing? 🛭 Yes 📮	No	
Description of problem:			
Error code(s) displayed on equipment			
What type of data collector is involved (if applicable?)_			
What field software/version are you using?			
What were weather/temperature conditions when failu	ure occurred?		
Was instrument dropped or did instrument get wet?			
Comments:			