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PREVENTATIVE MAINTENANCE & CALIBRATION REQUEST FOR QUOTATION

Company Name _____

Contact Name _____

Telephone _____ Fax _____ E-Mail _____

Address for PM&C Service _____

Closest Airport to Facility _____

Number of PM&C Visits per Year _____

When do you require PM&C Service? (Please check one):

- Immediate (full per diem/travel charges)
- Within next SIX MONTHS (discounted per diem/travel rates may be available)
- Within next YEAR

EQUIPMENT TO BE CALIBRATED (BE SURE TO LIST ALL ACCESSORIES)

MODEL NO.	DESCRIPTION	QUANTITY	S/N	APPROX. AGE
