



Qal-Tek

Revolutionizing Radiation Safety in Your World

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SERVICE ORDER FORM

Please fill in the appropriate information for each shipment/request

Date: _____
Company Name: _____
Contact Person: _____
Phone: _____ Email: _____
Ship to Address: _____ Ship Via: FedEx UPS Other
Shipping Account #: _____
State/NRC License #: _____
(NDG Only)

Calibration Only Calibration & Repair Repair Only Perform Leak Test

Instrument / Probe Model Number	Serial Number	Instrument / Probe Model Number	Serial Number

Malfunctioning Symptoms, Special Instructions, etc.: _____

Call for CC# Call for PO# Call with Estimate

PO# _____ CC# _____
Contact Person: _____ Exp: _____ SC: _____
Phone: _____ Bill to Address: _____
Email: _____