

**CAL TEC LABS, INC.**  
**CLIENT INFORMATION REQUEST**

ALL INFORMATION MUST BE COMPLETED PRIOR TO YOUR ORDER BEING PROCESSED

**CLIENT BILLING INFORMATION**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

IS A PURCHASE ORDER REQUIRED?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

**SHIPPING INFORMATION**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE:(    ) \_\_\_\_\_ FAX (    ) \_\_\_\_\_

PERSON ITEMS WILL BE SHIPPED TO \_\_\_\_\_

EMAIL \_\_\_\_\_

---

**TECHNICAL INFORMATION**

**CALIBRATION INTERVAL**

3 MONTHS \_\_\_\_\_ 6 MONTHS \_\_\_\_\_ 12 MONTHS \_\_\_\_\_ AS SPECIFIED \_\_\_\_\_

**CALIBRATION RECALL DATE**

LAST DAY OF THE MONTH \_\_\_\_\_ EXACT DATE OF CALIBRATION \_\_\_\_\_

**FULL DATA CERTIFICATIONS**

NIST TRACEABLE \_\_\_\_\_

ISO/IEC 17025 ACCREDITED \_\_\_\_\_

IF ACCREDITED – UC OF MEASUREMENT TAKEN INTO ACCOUNT WITH  
REGARDS TO TOLERANCE \_\_\_\_\_ YES \_\_\_\_\_ NO

**TOLERANCE REQUIREMENTS**

CAL TEC LABS \_\_\_\_\_ YOUR SPECIFIED TOLERANCE \_\_\_\_\_

(NOTE: CAL TEC LABS Tolerance requirements are specified in each procedure, shown on the calibration certificate and available for review upon request prior to calibration)

**HOW DID YOU HEAR ABOUT US** \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_