



Work Order Form

This Work Order Must Accompany Your Item For Repair Or Calibration

PLEASE SEND IN SIGNED PAPER WORK WITH ITEMS

Company	_____
Date	_____
Contact	_____

Email	_____
Phone #	_____
Fax #	_____

	Item	Model #	Serial #
1			
2			
3			
4			

*Requested Service: _____

BILL TO ADDRESS		SHIP TO ADDRESS	
Attn:	Phone #:	Attn:	Phone #:

Please Note:

Premier Safety will charge a diagnostic fee to provide a repair estimate on all items returned for repair that are not covered under warranty. Diagnostic fees may be higher on some specialized items. The diagnostic fee will be waived should the service estimate charges be accepted or a replacement is purchased through the service department. The diagnostic fee will "NOT" be waived if you elect to reject the repairs after the estimate has been generated. This estimate is valid for 30 days. If we do not received a response from you within 30 days, based on the initial estimate date, your instrument will be returned and you will be billed the \$90 diagnostic fee.

I WOULD LIKE MY ORDER RETURNED BY						(Please check your choice)
FED-EX	<input type="radio"/> 1 Day	<input type="radio"/> 2 Day	<input type="radio"/> 3 Day	<input type="radio"/> Ground		MY FED-X#
UPS	<input type="radio"/> 1 Day	<input type="radio"/> 2 Day	<input type="radio"/> Select	<input type="radio"/> Ground		MY UPS#
DHL	<input type="radio"/> 1 Day	<input type="radio"/> 2 Day	<input type="radio"/> Ground			MY DHL#

This work order serves as a contract between Premier Safety and the above listed customer.

SHIP TO: _____

SIGNATURE: _____