

NIST Calibration RMA

Control Solutions is accredited to the ISO/IEC 17025:2017 standard.

All calibrations come complete with NIST Traceable Certificate of Calibration compliant to ISO/IEC 17025:2017.

Contact Information

Company Name			
Contact Name			
Phone Number		Billing Phone Number	
Email Address			
Billing Address			
Shipping Address			
PO # (If applicable)			

Instrument Information

Qty of Loggers	
Equipment ID #	
Any problems with the instrument(s)?	

Calibration Options choose one	<input type="checkbox"/> 2-Point Single Probe \$49 (VFC400/300/311/5000)	<input type="checkbox"/> 2-Point Dual Probe \$60 (VFC350)	<input type="checkbox"/> 3-Point \$55
	<input type="checkbox"/> Temp/Humidity 25C/50% RH \$65	<input type="checkbox"/> Ultra-Cold Calibration (VFC500-TC/TREL30) \$69	

2-Point calibration at Refrigerator & Freezer temps (+5 deg C & -15 deg C)
 3-Point calibration at Refrigerator, Freezer and Ambient (+5 deg C, -15 deg C and 25 deg C)
 If custom test points needed, please specify here (note: custom test points at additional cost): _____

Important Info:

Please send your probe with the data logger for calibration

Control Solutions does not need the glycol bottle; snip the zip tie around the collar of the glycol bottle and slide the probe out. Keep the glycol bottle in a safe place to prevent spilling. Return shipping charges will be added to your invoice, depending on number of devices, shipping speed requested, and location.

Additional Accessories To Order (Optional)

Spare VFC5000TP Battery	\$5 each Qty
Spare LogTag Battery	\$2 each Qty
Replacement 5' probe with Glycol buffer (LT/TC)	\$30 each Qty
Replacement 10' probe with Glycol buffer (LT/TP)	\$40 each Qty
Replacement Glycol bottle, Septa and 4 Zip Ties	\$5 each Qty

Ship Instruments to: **Control Solutions**
35851 Industrial Way, Suite D
St. Helens, OR 97051

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

Required if new customer.

Optional if existing customer with credit application on file.

Name on Card: _____

Billing Address: _____

Credit Card Type: Mastercard Visa AMEX

Credit Card Number : _____

Expiration Date: _____

CVV Number: _____ (Last 3 on back of MC or VISA, 4 digits on front of AMEX)

I authorize Control Solutions, Inc. to charge for calibration services and return shipping to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____