

SERVICE FORM

TYPE OF SERVICE:
 ON-SITE
 MAIL-IN
 DROP-OFF

COMPANY:

MAIN CONTACT:

PHONE:

BILLING ADDRESS:

SHIP TO/ SERVICE LOCATION:

Equipment/Make	Model	S/N	Specific Tolerance?

ADDITIONAL INFO:

LEVEL OF SERVICE:
 BASIC / NON-ISO
 ADVANCED - ISO COMPLIANT & GLP/GMP COMPLIANT

CALIBRATION FREQUENCY:
 YEARLY
 SEMI-ANNUALLY
 QUARTERLY
 MONTHLY

Scan QR to submit form online:

Or

1. Fill out form
2. Attach to email and request a mail-in box for pipettes
3. Mail in pipettes for service



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