

Arrival date to PPM

## ORDER FORM - Service & Calibration

Please complete and submit this order form when sending instruments to us for service & calibration.

### YOUR INVOICE ADDRESS:

Company name:

VAT registration number:

Address:

### DELIVERY ADDRESS FOR RETURN:

- Same as invoice address  
 Collect (Importgatan 7, Gothenburg)

Company name:

Address:

### OTHER INFORMATION:

Requested delivery date:

Invoice number or marking:

Ship/Vessel:

Contact person or user of the instrument:

E-mail address:

Phone number:

### INSTRUMENT 1:

Manufacturer:

Model:

Serial number:

Desired action / Error description:

Filled in by service technician:

**PLEASE SEND OR LEAVE THE INSTRUMENTS TO:**

ppm Industrial AB  
Importgatan 7  
SE-422 46 Hisings Backa SWEDEN

**INSTRUMENT 2:**

Manufacturer:	Model:	Serial number:
Desired action / Error description:	Filled in by service technician:	

**INSTRUMENT 3:**

Manufacturer:	Model:	Serial number:
Desired action / Error description:	Filled in by service technician:	

**INSTRUMENT 4:**

Manufacturer:	Model:	Serial number:
Desired action / Error description:	Filled in by service technician:	

**INSTRUMENT 5:**

Manufacturer:	Model:	Serial number:
Desired action / Error description:	Filled in by service technician:	

**INSTRUMENT 6:**

Manufacturer:	Model:	Serial number:
Desired action / Error description:	Filled in by service technician:	