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*****RUSH JOB*****

Equipment Check-In Form

Date: _____	PO # _____
Bill To	Ship To <input type="checkbox"/> Billing Same as Shipping
Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Email: _____	Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Insure Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Shipping INS upon return: \$ _____

Rush Fees are in addition to the regular certification price. These are charged PASS or FAIL and are nonrefundable. <p align="center"> 24hr - \$250/per unit 48hr - \$150/per unit 72hr - \$75/per unit ONE WEEK Guarantee – 20% of Cal/Cert SAME DAY RUSH - \$350/per unit </p>	Select Rush Service Turnaround: <p align="center">24hr / 48hr / 72hr</p> <p align="center">One Week / SAME DAY RUSH</p> Date / Time Promised: _____ Notes: _____ Completed By: _____
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Unit	Separate Pickup	<input type="checkbox"/>
1. Mfr: _____ Model: _____ SN: _____ 2 nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____ / ____ / '24 Name: _____ Initials: _____	<input type="checkbox"/>
2. Mfr: _____ Model: _____ SN: _____ 2 nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____ / ____ / '24 Name: _____ Initials: _____	<input type="checkbox"/>
3. Mfr: _____ Model: _____ SN: _____ 2 nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____ / ____ / '24 Name: _____ Initials: _____	<input type="checkbox"/>
4. Mfr: _____ Model: _____ SN: _____ 2 nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data	Date: _____ / ____ / '24 Name: _____ Initials: _____	<input type="checkbox"/>

Total Units: _____
 Page _____ of _____

Sign: _____
 Print: _____

<p>5. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>6. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>7. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>8. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>9. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>10. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>11. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>12. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>13. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>
<p>14. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p><input type="checkbox"/> Repair <input type="checkbox"/> Calibration (No Paperwork) <input type="checkbox"/> Certification <input type="checkbox"/> Data</p>	<p>Date: _____ / / '24 Name: _____</p> <p>Initials: _____</p>	<input type="checkbox"/>