



Personal Safety and Monitoring Devices

CALIBRATION ORDER FORM

Q3 Innovations
2349 Jamestown Ave., Suite 4
Independence, IA 50644
Tel: 319.334.3412
Fax: 319.334.3421
www.q3i.com

CUSTOMER INFORMATION (Return Shipping Address)

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: () Fax: ()

Email Address: _____

Name of AlcoHAWK® to be Calibrated: _____

Company Unit was purchased from: _____

Approximate Date of Purchase: _____

Approximate Date(s) of prior re-calibration: _____

Did the unit appear to be testing properly during last use? Yes No

RETURN SHIPPING OPTIONS: (Please check one)

UPS Ground* (Free) UPS 3 Day Select* (\$13.00)

UPS 2nd Day Air* (\$17.00) UPS Next Day Air* (\$40.00)

International Postage (\$10.00)

* Continental USA only.

Instructions*:

- 1. Include this Calibration Order Form filled out completely.**
- 2. Include only the unit being calibrated.** No accessories.
- 3. Include Calibration Payment:**
(either by enclosing a check payable to Q3 Innovations or completing the credit card information below)
\$19.99 - Slim/Precision/Elite Models
\$24.99 - ABI/PRO Models
\$29.99 - PT500/PT750 Models
- 4. Ship the unit to the following address:**
(to ensure delivery and tracking of your unit, we strongly recommend that you obtain delivery confirmation with the shipment)

Q3 Innovations
Attn: Service Center
2349 Jamestown Ave, Suite #4
Independence, IA 50644
- 5. Your product will be verified, recalibrated and shipped out within 2 business days.**

*Q3 Innovations (Q3I) reserves the right to review all orders at which point we may accept or decline any order for any reason, regardless of any confirmation receipt sent by the customer. When returning products, we strongly recommend the use of a carrier that can track packages and calculate correct postage, as we do not accept any returned packages with postage due. Q3I is not responsible for any damages incurred during shipping to the Service Center. You also assume responsibility for insuring the returned item. Q3I retains ownership of all products until payment is received.

PAYMENT INFORMATION (Include billing address of credit card if different than return shipping address)

Payment Type: Credit Card (Visa MasterCard Discover American Express)
 Check Purchase Order (prior Credit Application required) Service Plan (visit www.q3i.com/support to learn more)

Credit Card Number: _____ Expiration Date: _____

Exact Name on Credit Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Note: Include your credit card billing address if different from return shipping address. Not including this information will delay return of your unit.

FOR OFFICE USE ONLY

Date Re-Calibrated: _____

Technician: _____

Payment Received: _____