



417 Main Avenue West  
P.O. Box 1240  
Rolla, North Dakota 58367-1240

Phone: 877-477-6461  
Fax: 701-477-6464  
E-mail: sales@arrowtechinc.com

## Repair & Calibration Request Form

(Return completed form to fax: 701-477-6464, to email at: [sales@arrowtechinc.com](mailto:sales@arrowtechinc.com) or include with product in shipment)

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Ship-to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Contact Information:

Name of person to contact about repair: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Equipment and Description of Problem:

Make: \_\_\_\_\_ Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Shipped: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shipped Via: \_\_\_\_\_ Tracking Number: \_\_\_\_\_

Return Shipment Via: UPS: \_\_\_\_\_ Federal Express: \_\_\_\_\_ USPS: \_\_\_\_\_ Other: \_\_\_\_\_

Note: All new customers requesting credit terms must complete a Credit Application QF 17 Form or may send customers standard form that contains business credit information, bank references, (3) credit references and company Accounts Payable contact information.