

Pipette Calibration Mail-In Order Form

Precision Pipette, Inc.
2814 Spring Road, S.E. Suite 103
Atlanta, GA 30339 - 3047
Attn: Bill Sigler

Phone: 800-656-2770 Fax: 800-872-7209 Email: Info@PrecisionPipette.com
www.PrecisionPipette.com

1) Shipping instructions:

- **Ship your pipettes to** address above
- **NO Return Authorization** number is needed
- **Decontaminate** all pipettes for radiation and biohazardous materials
- Please include **Tips** for each type of pipette
- Ship pipettes in box with adequate **packing material** to protect in transit
- Pipettes are normally return shipped within **48 hours** of receipt

2) Indicate desired return shipping method:

(We return ship UPS ground as the default)

Ground 2nd day Overnight

Additional shipping instructions (ie; use a designated carrier or use your shipping account #)

3) Indicate desired shipping insurance coverage wanted:

- I accept the minimum insurance coverage (\$100) on the box (no additional charge)
- I want \$_____ total insurance coverage on the box(add'l cost included with freight)

4) Indicate Number of pipettes being sent:

5) P.O. # or Credit Card #: _____

Exps: _____

6) Return to:

Contact: _____ PH# _____

Email address

Company / Institution

Address

Address

City, State, Zip

7) Customer Notes: _____

**** Include (1) copy of this form with your pipettes ****

Effective: Nov 2008