

**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](http://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

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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# \_\_\_\_\_

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Email address

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Company / Institution

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Address

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Address

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City, State, Zip

**7) Customer Notes:**

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