

## Shipping Form

Pipette Calibration Services, Inc.  
 150 Wells Avenue  
 Newton, MA 02459-3302  
 Phone: 866-964-0039

### Company Information

Company (Shipping):			
Street (Shipping):		Dept.:	
City, State, Zip:		Room / Lab:	
Contact:		Phone:	
Return Shipping(Check One) <input type="checkbox"/> Overnight <input type="checkbox"/> 2 Day Exp. <input type="checkbox"/> Ground <input type="checkbox"/> FedEx # _____			Insurance Amt.: \$

**Check if billing is same as shipping.**

Company (Billing):			
Street (Billing):			
City, State, Zip:		Phone:	
Contact:		Fax:	

### **Payment Options:**

Purchase Order #			
OR			
Credit Card Type (Check One) :	<input type="checkbox"/> Visa	<input type="checkbox"/> M/C	<input type="checkbox"/> Amex
Credit Card # :			
Expiration Date:		CVC / Sec Code:	
Cardholder Name:			

### **Additional Information:**

Please specify the serial # of the pipette if you are having a specific problem. Please indicate if you need any parts replaced (eg; tip ejectors, batteries, etc.) on any of your pipettes.

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**Decontamination Form must be completed and sent with this form in order for PCSI to process the pipettes.**

