



# TEST GAUGE ACCURACY VERIFICATION SERVICES FORM


INCLUDE THIS FORM WITH GAUGE  
WHEN SHIPPING TO BMI

## INFORMATION NEEDED FOR TEST GAUGE REPORT FORM:

<b>NAME:</b> _____ <small>(Enter "n/a" if you only want the company name below to be listed on the report form)</small>		
<b>COMPANY:</b> _____		
<b>ADDRESS:</b> _____		
<b>CITY:</b> _____	<b>STATE:</b> _____	<b>ZIP:</b> _____
<b>PHONE:</b> _____	<b>CELL:</b> _____	
<b>EMAIL:</b> _____		
<b>MAKE OF:</b> _____	<b>MODEL:</b> _____	
<b>GAUGE</b> <small>(Mid-West, Wilkins, Conbraco, Watts, etc.)</small>	<small>(845, 830, TG-5, TK-9A, etc.)</small>	
<b>SERIAL NUMBER:</b> _____	<b>ALT S/N:</b> _____	
<small>(Manufacturer S/N under the faceplate, on a sticker or assigned)</small>	<small>(We can put up to 2 Serial Numbers on the report)</small>	
<b>COMMENTS:</b> _____ <small>(Describe any issues such as "may have frozen, leaks from ..., needle sticks at times, etc.)</small>		

<b>SHIP BACK TO:</b> <small>(if different from above info; no shipping to PO Box)</small>
<b>Name:</b> _____
<b>Company:</b> _____
<b>Address:</b> _____
<b>City, ST Zip:</b> _____
<b>Contact phone:</b> _____

<b>BILLING INFO:</b>	Credit Card Type (please check one): <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
----- Credit Card # - 16 digits	----- Expiration date in MMY	----- 3-digit security # on back
Name (and Company) as imprinted on Card		
<b>INVOICE (for approved customers) PO#?</b>	<b>Check enclosed?</b>	
Invoice Address (if different): _____	PO Number _____	Check Number _____

 *Please review our shipping guidelines flyer on our Web site. Call if you have any questions or if you need to schedule a fast turn around for your gauge.*