



Toledo Transducers, Inc.

Tel: 419-867-4170 * Fax: 419-867-4180

sales@ttoledo.com * www.toledotransducers.com

Calibration and Service Form

RMA# _____

Number to be assigned by a Toledo Representative

IMPORTANT:

All fields of this form must be completed to ensure that your products are serviced correctly

Include this form with your load cell (s) when shipping them to us.

If, at the customer's request, the products are returned without repair, a \$150.00 evaluation fee will apply.

Note: No work will be started with out receipt of a Purchase Order.

Returned Items

Qty.	Model No.	Serial No.

Name: _____

Company: _____

Return Address: _____

City: _____

State/Prov: _____ Zip/Postal Code: _____

Country: _____

Tel: _____

Fax: _____

Email Address: _____

ACTION REQUEST

RECALIBRATION DUE DATE

No _____ Yes _____ Time Frame _____ *e.g. 1 year*

Cut out the mailing label (s) below and affix it to your packaging

Toledo Transducers, Inc.
Calibration Department
6834 Spring Valley Drive
Holland, Ohio 43528

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