



PIPETTE SERVICE

EASY CHECK SERVICE ORDER FORM

GILSON ACCOUNT NUMBER

If you don't have a Gilson Account Number contact Technical Support at sales@gilson.com

CONTACT INFORMATION (Required)

Name: _____
 Phone: _____
 Fax: _____
 Email: _____

BILLING ADDRESS

Company: _____
 Purchasing Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

SHIPPING ADDRESS (No PO Boxes) SAME AS BILLING

Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____

SELECT SERVICE INTERVAL

_____ 3 Months _____ 6 Months _____ Annually _____ Other

PERSONAL LABELS

_____ Please remove personal labels from my pipette(s).

REPAIRS (Required)

Please contact me with a service estimate before replacing parts that are not covered in the service program, see below for details.
 _____ Yes (may delay turnaround time) _____ No

CALIBRATION CERTIFICATES

Go Green! I would like to receive my pipette calibration certificates as electronic files only.
 _____ Yes _____ No

PIPETTE FAILURES (Required)

If my pipette(s) fail the Easy Check Service, please enroll my pipette(s) in Level 1 PIPETMAN Service and Calibration. (Level 1 service collects two weighings at the low volume and two weighings at the high volume. It also includes repair, adjustment, a calibration label, and detailed calibration certificate.)
 _____ Yes _____ No

SELECT A SERVICE TYPE

PIPETMAN EASY CHECK: This service type provides you with the opportunity to check your pipette' performance in between calibration services. This pipette service includes internal and external cleaning, grease if needed, visual and functional inspection, leak test, gravimetric check, service label and a detailed report. All Gilson service offers that include repairs provide FREE parts up to a value of \$75.

SERVICE TYPE	LIST PRICE	QTY
EASY CHECK SINGLE CHANNEL	\$25.00	
EASY CHECK MULTI-CHANNEL (One Channel, leak test all)	\$35.00	

PAYMENT INFORMATION (Required - Absence will delay your order)

PO Number: _____
 PO Amount: _____
 Promo Code/Quote Number: _____
 Purchasing Department Contact Info (For payment info inquires)
 Name: _____ Email: _____

CREDIT CARD PAYMENT

Credit Card Type: _____ Visa _____ M/C _____ AmEx
 Card Number: _____
 Expiration Date: _____ CVC _____
 Name on Card: _____

SHIPPING INSTRUCTIONS

Shipping Collect Account Number: _____
 Ship in a secure package by an insurable carrier to: **Gilson Service Center · 3101 Laura Lane, Ste 100 · Middleton, WI 53562**
 Special Instructions: (may delay turnaround) _____

FREE UPS 2-DAY RETURN SHIPPING
 *For orders of 10+ pipettes

AUTHORIZATION OF WORK

I authorize Gilson to perform service based on the information provided above, I certify that the pipettes enclosed are fully decontaminated and are free of radioactive and biohazardous materials.

Signature: _____ Date: _____



Terms: Net 30 days, FOB Middleton, WI. Freight charges are prepaid and added to invoice.
 Shipping Method: Returned by UPS Second Day Air with charges prepaid and added to invoice unless advised otherwise.
 Turnaround: Approximately 2-3 business days in Gilson Service Center.
 www.gilson.com · P 800-445-7661 · F 608-821-4402

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