Evaluation Sheet For Returned Items

A. Contact Information

Company Name: _____ RA#: _____

Contact Name:_____ Date: _____

Street Address: _____

City: _____ State: _____Zipcode:_____

Phone:_____ Fax: _____

e-mail: _____

B. Product Information:

Item Returned:_____ PRINTER: ❑ PROBE: ❑ CASE: ❑ SP:❑

Customer Request for:

Service_____ Calibration_____ Credit_____ Warranty_____

For Testo Office Use Only

Service Evaluation:

_____

_____

_____

_____

Part No.	Description	Price $

Service Technician _____

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