

Evaluation Sheet For Returned Items

A. Contact Information

Company Name: _____

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 \$
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Service Technician

 testo

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