

CALIBRATION REQUEST FORM

Anthelion Systems, Inc.



™

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www.anthelion.com

support@anthelion.com

Date _____ Customer PO _____

Company Name _____ Contact Name _____

Phone _____ E-mail _____

Product Name _____ Product S/N **A000** _____

Load cell rating _____ LBS Load cell S/N _____ Tension compression

Calibration duration Quarterly Semiannual Other [in month] _____

Expedite (additional cost)

Shipping Info:

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

Billing Info: Same as shipping

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

UPS |

GND

BLUE (2 days)

Insure

RED (next day)

Other Instructions:
