

# Repair and calibration form

Our reference :  
**Phone No. :** +41 (0)21 651 6000  
**Fax No. :** +41 (0)21 651 6001  
**E-mail :** service@socorex.com

Delivery address :  
  
 Customer no.

<b>x REGISTRATION</b>	Date : Visa :
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<b>YOUR REFERENCE:</b>	DATE :
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<input type="checkbox"/> <b>QUOTATION</b>	Date :
<input type="checkbox"/> <b>COMMUNICATION</b>	Visa :
Accepted : <input type="checkbox"/> yes <input type="checkbox"/> no	
Date :	

Invoice address (if different) :

REFERENCE	DESCRIPTION OF SERVICE
<input type="checkbox"/> <b>Check-up</b>	<b>Check-up service.</b> Control and volumes verification, 3x 5 measurements, with QC certificate.
<input type="checkbox"/> <b>Standard / Basic</b>	<b>Standard/ Basic service.</b> Repair, cleaning, maintenance, control and calibration, 2x 4 measurements, with QC certificate.
<input type="checkbox"/> <b>Classic</b>	<b>Classic service.</b> Repair, cleaning, maintenance, control and calibration, 2x 10 measurements, with detailed QC certificate.
<input type="checkbox"/> <b>Premium</b>	<b>Premium service.</b> Repair, cleaning, maintenance, control and calibration, 3x 10 measurements, with detailed QC certificate.
<input type="checkbox"/> <b>Advanced</b>	<b>Advanced service.</b> Control, 2x 10 measurements, with detailed certificate before maintenance "as found". Then repair, cleaning, maintenance and calibration, 2x 10 measurements, with detailed QC certificate.
<input type="checkbox"/> <b>Ultra</b>	<b>Ultra service.</b> Control, 3x 10 measurements, with detailed certificate before maintenance "as found". Then repair, cleaning, maintenance and calibration, 3x 10 measurements, with detailed QC certificate.
<input type="checkbox"/> <b>SCS</b>	Same services as above with ISO 17025 calibration and <b>SCS accredited certificate</b> .

Instrument no. Serial no.	Customer requests	Service under warranty	Service ref. No./ Spare part No.	Price	Comment
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			

**Total cost of repairs/calibrations** **Price** \_\_\_\_\_ *Invoice follows.*

Claim must be notified within 5 days after receipt of instrument

**Notes :** \_\_\_\_\_

Repair date : \_\_\_\_\_  
 Visa / Signature : \_\_\_\_\_

Control date : \_\_\_\_\_  
 Visa /Signature : \_\_\_\_\_

Shipping date : \_\_\_\_\_  
 Visa / Signature : \_\_\_\_\_

