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CERTIFIED RE-TESTING SERVICE

- Instructions:**
1. Fill out form **completely** (Write Clearly)
 2. Pack Goods for Shipment and Send to the Location Nearest You (Include a copy of this form)

Bill to: _____ **Ship To:** _____

Ordered By: _____ **Phone#** _____ **Date:** _____

Purchase Order# _____ - *To ensure data security, please call us with your credit card information to pay by credit card*

Email Address : _____

REPLACE FAILURES? YES NO **REPAIR ITEMS?** YES NO

Pick-up Ship Via:

UPS GROUND Red Blue 3 Day Ground (Optional) **Account#** _____

Fed EX (5\$ pickup charge will be added to invoice) **Account#** _____

OTHER _____ **Account #** _____

ITEMS DROPPED OFF/SHIPPED:

GLOVES _____ Pairs

SLEEVES _____ Pairs

BLANKETS _____

(Yellow -5,000 volts) _____ Pcs

(Black -20,000 volts) _____ Pcs

(Orange-40,000 volts) _____ Pcs

HOT STICKS _____ Pcs

INSTRUMENTS / VOLTAGE DETECTORS _____ Pcs

OTHER MISCELLANEOUS LINE EQUIPMENT:

ITEMS TO PURCHASE: NOTE: Please ensure your PO will cover any new purchases or replacements!

ITEM: _____ **QTY:** _____

ITEM: _____ **QTY:** _____

ITEM: _____ **QTY:** _____

ITEM: _____ **QTY:** _____