

## Service/Calibration Request

**Please return this completed form with your equipment**

Your name: \_\_\_\_\_

Quote no: (if provided): \_\_\_\_\_ PO Number: \_\_\_\_\_

Company name: \_\_\_\_\_

OPTIONAL: Collection address if required: \_\_\_\_\_

Return delivery address for instrument: \_\_\_\_\_

Account no : \_\_\_\_\_

Invoicing address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Model of instrument: \_\_\_\_\_

Serial number of instrument: \_\_\_\_\_

## Reason for Return

Service and Calibration

Repair (please specify suspected fault below)

Other (please specify details below)

## Nature of Work Required

i.e Suspected fault: sensor failure/battery failure/  
not charging/water ingress /impact damage or  
other

**Please specify:**

**Service Department:**

**Tel:** +44 1376 561463

**E-mail:** [service@gfgeurope.com](mailto:service@gfgeurope.com)

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