



**Casella CEL Inc. Repair Calibration / Repair Request Form**

Please complete the below form, print and return to Casella CEL Inc. with your instrument(s)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Return Shipping Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred Shipping Method: (circle one)    UPS / FED EX:    3 Day    2 Day    Overnight

UPS Collect Acct # \_\_\_\_\_ Fed Ex Collect Acct# \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instrument Information**

Calibration                       (check one or both)                      Repair

**Job Urgency** - An extra charge of \$50 per instrument applies to Rush Service requests for 48 hour turnaround

Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

If Repair, Description of Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* For Warranty Repairs, please provide proof of purchase. \***

**Note:** A US \$90.00 Service Diagnostic fee applies to all instruments returned to Casella CEL Inc. for evaluation. This fee is waived if the repair proceeds. If customer chooses not to go ahead then the cost will be charged but can be credited towards a new purchase within 6 months of the date of the evaluation.

**Send To:**

**CASELLA CEL, Inc.  
415 LAWRENCE BELL DRIVE, UNIT 4  
BUFFALO, NY 14221**

**Payment Information**

Credit Card Payment:                      (circle one)    Visa    MC    AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security (CVV) Code: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_