



## **Luxmeter / Luminance meter Calibration Submission Form**

### **Client Details**

Company Name.....

Contact Person : .....

Telephone : ..... Fax : .....

**Purchase Order Number:** .....

Please note the instrument will not be returned without either a P.O. number or pre-payment.

### **Details for Report (if different from above)**

Company Name.....

Contact Person : .....

Telephone : ..... Fax : .....

### **Meter Description**

Manufacturer : .....

Model : ..... Serial No : .....

### **Return of meter (please tick)**

- 1. Company to Pick up
- 2. Express Post/TNT (Cost \$25.00 + G.S.T, W.A/N.T \$35.00 + G.S.T)
- 3. Company Courier

Name : .....

Your A/C No : .....

Your Address: .....

.....

Client Signature: .....

Printed Name: .....

Date:.....