



Lux / Luminance / UV-A meter Calibration Submission Form

Please circle meter type (may be more than 1) : Lux / Luminance / UV

Customer Details

Company Name

Company Address

Contact Person

Contact email (required for report delivery)

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

Company Address

Contact Person

Contact email

Telephone Fax :

Meter Description

Manufacturer

Model Serial No :

Return of meter (please tick)

1. Company to Pick up
2. Express Post/TNT (Cost \$30.00 + G.S.T, W.A/N.T \$40.00 + G.S.T)
3. Company Courier

Courier name & account no. :

Customer Name & Signature:

Date: