



Instrument Calibration Solutions

Instrument Calibration Solutions
413 Hopewell Ave Aliquippa, PA
Telephone: 724-846-0136 Fax: 724-846-0137

RFQ Request for Quote / New Customer Form

Company Name Contact Name Phone Number Fax Number

Email Address:

Ship To: Bill To:

Ship To: Bill To:

Name on Calibration Report:
Tax Exempt Number:
Include Certificate

QA Requirements

NIST Traceable Calibration
NIST Traceable Calibration w/ Data
ISO/IEC 17025 Accredited Calibration
Note: Calibration results will be reported without factoring in the effect of uncertainty on the assessment of compliance

Other QA requirements (please define):

Technical Requirements

Calibration Procedures:
ICS selected calibration procedures. (Manufactures Manual, NAVAIR, ANSI, internally generated, or other industry accepted method based on appropriate standards used by ICS to perform required test. Identified on calibration record.
Customer supplied calibration procedure. Must be reviewed and approved prior to use.

Calibration Intervals:
Customer Supplied Interval:
ICS does not recommend any calibration interval but by not specifying a calibration interval above a calibration interval of 12 months will be agreed upon.

Out of Tolerance Conditions
Return the gage as-is
Proceed with a limited or special calibration
Have us provide a quote on the replacement cost
Notify you on a case-by-case basis for each gage
Other:

Shipping Requirements

UPS Service: Standard 1 Day 2 Day Fed-X Service: Standard 1 day 2 Day

Customer Account # Customer Account #

Customer Pick-Up Other

NOTE: Insurance on return shipments is the responsibility of the customer. Insurance is optional. If insurance is required, the customer must inform ICS in writing, and state the declared value of each piece of equipment. ICS will not be held responsible for damages incurred during shipping.

Special Shipping Instructions:

Should information on this form be used for all future services performed by ICS? Yes No

Form Completed by: Date:



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NEW ACCOUNT APPLICATION

1. BUSINESS LEGAL NAME: _____

2. BUSINESS ADDRESS: _____

3. TELEPHONE NUMBER: _____

4. PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____ LLC ____

5. NAME OF OWNER OR PARTNERS: _____

6. IF CORPORATION, NAME OF OFFICERS:

PRESIDENT _____ VICE-PRESIDENT: _____

7. ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

8. TYPE OF BUSINESS: _____

9. DATE BUSINESS STARTED: _____ FISCAL YEAR END: _____

10. BANK REFERENCE

NAME

ADDRESS

PHONE #

ACCOUNT NUMBER

11. IF YOU ARE EXEMPT FROM PAYING SALES TAX, PLEASE ATTACH A COPY OF YOUR EXEMPTION CERTIFICATE.

DATE: _____ SIGNATURE: _____

TITLE: _____ NAME: _____

(OWNER, OFFICER, PARTNER)

(PLEASE PRINT)

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance to our terms. It is agreed that Instrument Calibration Solutions is given authorization to obtain credit information from bank and trade reference in connection with any credit update investigation.