Calibration

Booking Form

Complete & Include with Equipment

Return Address

Contact Name _____

Company Name _____

Address _____

_____

Contact Details

Email _____ Charge to my ACT account ☐

Telephone _____ Mobile _____

Please tick which method of contact is the best and **most direct** way of getting in touch for payment

Email ☐ Telephone ☐ Mobile ☐

Essential for Fast Turnaround

Equipment Details

Description _____ Serial Number _____

Description _____ Serial Number _____

Description _____ Serial Number _____

Please package your tester(s) well and include this completed booking form within. Post to:

ACT Meters (UK) Ltd.
Calibration Department
1 Cross Lane
Billinge
Wigan WN5 7DB
England UK

www.actmeters.co.uk
01744 886660