

RECALIBRATION REQUEST FORM

Please return this page with your breathalyser. (We happily send to PO Boxes)

Name: _____ Date : _____

Company Name: _____

Address: _____









Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Mobile: _____

Email Address: _____

I would like the following breathalyser recalibrated: (please circle your choice)

								
Enforcer 2 & 3 \$49.50	Defender \$49.50	Vivid \$49.50	RBT Mini \$49.50	Maverick \$49.50	Stryker \$49.50	Protector \$85	AlcoTrack \$85	Calibration Certificate \$22

					
Enforcer Sensor RED \$49.50	Enforcer Sensor GREEN \$49.50	Standard Clear Mouthpieces <i>to suit Stryker, Maverick and AlcoTrack models only.</i>	Defender Mouthpieces <i>to suit Defender model only.</i>	RBT Mini Mouthpieces <i>to suit RBT Mini model only.</i>	Filtered Mouthpieces <i>to suit Enforcer, Vivid and Protector models only.</i>
	SPECIAL OFFER!				
Zip-up Protective Case <input type="checkbox"/> Black <input type="checkbox"/> Red \$14.95	 <input type="checkbox"/> YES , send me a starter pack! Includes zip-up protective case and 10 pack of mouthpieces. <input type="checkbox"/> Black <input type="checkbox"/> Red \$14.95	<input type="checkbox"/> 10 Pack \$6.95 <input type="checkbox"/> 25 Pack \$15.95 <input type="checkbox"/> 50 Pack \$30 <input type="checkbox"/> 250 Pack \$145 (Please Select)	<input type="checkbox"/> 10 Pack \$7.95 <input type="checkbox"/> 25 Pack \$22.95 <input type="checkbox"/> 50 Pack \$42.95 <input type="checkbox"/> 250 Pack \$195 (Please Select)	<input type="checkbox"/> 10 Pack \$9.95 <input type="checkbox"/> 25 Pack \$16.95 <input type="checkbox"/> 50 Pack \$30 (Please Select)	<input type="checkbox"/> 10 Pack \$7.95 <input type="checkbox"/> 25 Pack \$15.95 <input type="checkbox"/> 50 Pack \$30 <input type="checkbox"/> 250 Pack \$145 (Please Select)

You may pay with credit card online via **PAYPAL** on our 'SERVICING' page at:
www.alcolimit.com.au/servicing . Include your payment receipt with your breathalyser.

OR fill out your credit card details below and post with your breathalyser.
(alternatively, you may phone **1300 667 661** to provide your credit card details over the phone)

Card Number:

Expiry Date:

/

CCV:

Name on Card:

Cardholder Signature:

Please Circle: **Visa** **MasterCard** *sorry AMEX is not accepted*