

WORKSAFE RECALIBRATION REQUEST & ORDER FORM

Please return this page with your breathalyser.

Name: _____ Date : _____

Company Name: _____

Delivery Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Mobile: _____

Email Address: _____

Worksafe breathalyser details:

I would like the following breathalyser recalibrated (order code ALCO-075) **\$85.00**
(Return freight included)

Serial No.: _____ Batch No.: _____

I would like to purchase: (all prices include GST)

- Calibration Certificate (order code ALCO-037) **\$22.00**
- 50 pack of Worksafe Mouthpieces (order code ALCO-067) **\$45.00**
- 250 pack of Worksafe Mouthpieces (order code ALCO-066) **\$195.00**
- 10 pack of Worksafe Funnel Mouthpieces (order code ALCO-070) **\$12.50**
- 50 pack of Worksafe Funnel Mouthpieces (order code ALCO-072) **\$47.50**
- 250 pack of Worksafe Funnel Mouthpieces (order code ALCO-073) **\$210.00**

Payment information is below for the total amount of \$ _____

I wish to pay via the following method:

Charge to our account in the name of: _____ PO No: _____

Email us an invoice for EFT payment to: _____

Credit Card

Fill out your credit card details below and post to our address above or phone **1300 667 661** to provide your card details over the phone.

□□□□ □□□□ □□□□ □□□□ □□/□□

Card Number

Expiry Date

□□□

CCV

Name On Card

Cardholder Signature

Please Circle: **Visa** **MasterCard**

Comments: (place further comments on back if necessary)