

WORKSAFE RECALIBRATION REQUEST & ORDER FORM

Please return this page with your sensors.

Name: _____ Date : _____

Company Name: _____

Delivery Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: _____ Mobile: _____

Email Address: _____

Sensor and breathalyser details (for additional sensor details, please write on reverse page):

WORKSAFE Unit Serial No. _____

Serial No. of Sensor: _____ Select which sensor you are returning

Serial No. of Sensor: _____

Once calibrated, the sensor must be installed immediately and can be used for 6 months after the calibration date. Please advise the date upon which you would like the enclosed sensor returned to you ____/____/____. This is usually 2 weeks before your other sensor is due to be recalibrated.

I would like to purchase _____ new sensor(s) at a cost of \$159 each = \$ _____

I would like _____ sensor(s) recalibrated at a cost of \$85 each = \$ _____

Plus _____ 'Calibration Certificates' at a cost of \$22 each = \$ _____

Payment information is below for the total amount of \$ _____
(all prices include GST)

I wish to pay via the following method: **Credit Card**
(please circle)

or charge to our account in the name of: _____

or email us an invoice for EFT payment to: _____

Fill out your credit card details below and post to our address above with your sensor(s) 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)