

# RBT 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):

RBT Unit Serial No. \_\_\_\_\_ Serial No. of Sensor: \_\_\_\_\_

RBT Unit Serial No. \_\_\_\_\_ Serial No. of Sensor: \_\_\_\_\_

I would like to purchase \_\_\_\_\_ new sensor(s) at a cost of \$225 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**      **Cheque**      **Money Order**  
(please circle)

or charge to our account in the name of: \_\_\_\_\_

or email us an invoice for EFT payment to: \_\_\_\_\_

Please make cheque or money order payable to: **AlcoLimit Breathalysers Pty. Ltd.**

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.

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Card Number

□□ / □□

Expiry Date

□□□

CCV

\_\_\_\_\_

Name On Card

\_\_\_\_\_

Cardholder Signature

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

**Comments:** (place further comments on back if necessary)