



SERVICE REQUEST FORM

• IML-Resistograph F-Series

• SERVICE REQUEST FORM
Inspection Service & Repair Works

1. Shipping / Billing address

• SHIPPING ADDRESS

Company	
Name	
Department	
Street	
City/State/ Zip Code	
Phone	
Fax	
E-mail	

• BILLING ADDRESS

Company	
Name	
Department	
Street	
City/State/ Zip Code	
Phone	
Fax	
E-mail	

2. Tracking number

Shipping method:

UPS

FedEx

DHL

Tracking #*:

* if available!

3. Resistograph Information

Serial Number:

Service Type: Annual Service

Service & Repair

Repair only

4. Comments from Resistograph User**

Short description

Please describe what happened, when the instrument was used for the last time.



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5. Payment Options

Please select your payment:

Check

Credit Card



VISA



MC



AMEX

Name: _____

Credit Card #: _____

Exp. Date: _____

Security Code: _____

6. Other Comments

7. Date & Signature

• DATE _____

• SIGNATURE _____

8. Print, sign and fax this form to 904-375-9079

******Please make sure to tell us about your concern with the Resistograph before sending the equipment. This will ensure a quick turnaround of your instrument since we know that your equipment is coming to us and we will have a better idea what the issue might be!

Note: Please make sure to send us your instrument as soon as possible after you filled out the service request. We will contact you as soon as we receive your equipment to let you know the timeframe for the service and what kind of repair is needed. IML will then issue an UPS tracking number, that will be emailed to you for your reference.