



# Service Evaluation Form

This form **MUST** be completed and enclosed with instrument to be serviced.

Note: Please ship items in their original shipping container.

**Contact information:** Customer Number \_\_\_\_\_ (contact Customer Service)

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Bill to Address:**

**Ship to Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instrument Serial Number:** \_\_\_\_\_

**Detailed Description of Problem:**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Hazardous Material Warning! – DO NOT return gas cylinders with instrument!\*\*\***

Note: An evaluation fee (\$79 (infrared) or \$39.<sup>50</sup> (fuel cell)) will apply to estimates which are not repaired.

I Authorize Repairs Up To:  All  \$250  \$500  \$750  Other \$ \_\_\_\_\_  
Purchase Order Number \_\_\_\_\_

After repair, add "Certificate of Calibration" for:  S-D2, S-D5, I-300 (\$19)  
 I-200/200D, I-240, I-400/400PA (\$39)

**Authorized By:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Ship to:

**CMI, Inc.  
Attn: Service Dept.  
316 East Ninth Street  
Owensboro, KY 42303**

No, please send estimate before repairs are made. An estimate will be faxed before performing any repairs and may cause delays in service.