

Please Fill out the form below and click TTL to submit.

Please attach tax form if you are exempt from Ohio state tax.

CompanyName: \_\_\_\_\_

Type of Business: \_\_\_\_\_  
(e.g., manufacturing, aviation, ect.)

Shipping Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Shipping Contact Name: \_\_\_\_\_

Shipping Contact Number: \_\_\_\_\_

Shipping Notification Email: \_\_\_\_\_

Shipping Account Number: UPS \_\_\_\_\_ FEDEX \_\_\_\_\_

Check Shipping Method: Ground      Next Day      Priority Overnight      Other \_\_\_\_\_

Default Calibration Interval:  
(Must Choose One)    6 month    12 month    18 month    24 month    Will provide on PO

**Check here if billing info is the same as shipping:**

Billing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Contact Number: \_\_\_\_\_

Billing Email: \_\_\_\_\_

Preferred method of payment (Please note: International customers must use CC or wire transfer.)

Net 30    CC    Wire transfer    If checked, we will send bank transfer info.

Credit Card Info (Visa, Mastercard, Amex, ect.) \_\_\_\_\_

Credit Card # / Exp. Date / SC \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New Tool [s] Purchase Request. Enter model [s] below.

Notes

OPTIONAL

[Click TTL to submit.](#)  
Thank you for your business!

OPTIONAL