

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

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

Company Name: _____

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

OPTIONAL

[Click TTL above to submit.](#)

Thank you for your business!