

Complete with your contact details and photocopy this form as many times as you require. Fill out with your HPLC equipment details & contract requirements and send to us. We will provide you with a detailed quote for your servicing & support requirements. Feel free to phone or e-mail us if you have difficulties collating the information, we will happily visit & collate the information for you.

Name:	Phone No:
Company:	Extension:
Address:	E-mail:

HPLC Information Your Reference (ie HPLC1)	Contract requirements: Service Support <input type="checkbox"/> Gold Service Support <input type="checkbox"/> Gold Plus Service Support <input type="checkbox"/> Customised <input type="checkbox"/>
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Calibration / Qualification after repair or preventative maintenance? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of preventative maintenance visits per year 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> other
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Module	Type	Make	Model
Degasser			
Autosampler			
Pump 1			
Pump 2			
Column oven			
Detector 1			
Detector 2			
Other Modules / information please detail below			