



417 Main Avenue West
P.O. Box 1240
Rolla, North Dakota 58367-1240

Phone: 877-477-6461
Fax: 701-477-6464
E-mail: arrowt@utma.com

Repair & Calibration Request Form

(Return completed form to fax : 701-477-6464, to E-mail at: arrowt@utma.com or include with product in shipment)

Company Name: _____

Billing Address: _____

City _____ State: _____ Zip Code: _____

Ship-to Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information:

Name of person to contact about repair: _____

Title: _____ Phone: _____ Ext. _____

Fax: _____ E-mail: _____

Equipment and Description of Problem:

Make: _____ Model No. _____ Serial No. _____

Date Shipped: ___/___/___ Shipped Via: _____ Tracking Number: _____

Return Shipment Via: UPS: _____ Federal Express: _____ USPS: _____ Other: _____

Payment Information:

New Customer: _____ Existing Customer: _____ Purchase Order Number: _____

Visa: ___ MasterCard: ___ American Express: ___ Name on Card: _____

Credit Card Number: _____ Expiration Date: ___/___/___ V-Code: _____

Note: All new customers requesting credit terms must complete a Credit Application QF 17 Form or may send customers standard form that contains business credit information, bank references, (3) credit references and company Accounts Payable contact information.