



winstelcontrols.com

Backflow Testing Kit Recalibration Form



BILL TO

Company Name _____

Billing Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Email _____

SHIP TO

Company Name _____

Shipping Address _____

City/State/Zip _____

Purchase Order # _____

Contact _____

Phone _____

Please check all that apply

- Standard Calibration Service
- Gauge Damaged
- Call with Estimate
- Repair if cost is less Than 50% from new gauge

PAYMENT

CARD TYPE

Visa MasterCard APEX

Name as it appears on card _____

Card # _____ CVV _____ Expiration Date _____

Signature _____