



## SERVICE CONTRACT

Please complete the form include hard copy of your purchase order. Email or fax it to for repair services.

Company Name \_\_\_\_\_ Return To: MG Metrology Services Inc.

Address \_\_\_\_\_ Contact Name \_\_\_\_\_

\_\_\_\_\_ Contact Phone \_\_\_\_\_

Ship to Address \_\_\_\_\_ Today's Date \_\_\_\_\_

\_\_\_\_\_ Purchasing Name \_\_\_\_\_

Bill to Address \_\_\_\_\_ Purchaser Signature \_\_\_\_\_

\_\_\_\_\_ Purchase Order # \_\_\_\_\_

Credit Card Use: Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ CCV # \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

Machine MFG. \_\_\_\_\_ Model \_\_\_\_\_ Control type \_\_\_\_\_

Serial No \_\_\_\_\_ Software \_\_\_\_\_ Probe System \_\_\_\_\_

Please select and circle below type of service you are requesting:

Repair   Parts   3<sup>rd</sup> Party service   Upgrades   PM Service   Calibrations   Certifications   Consultation   Support

Please specify the nature of your Problem:

I have read and understood the service rates and the contract sheet and I authorize MG Metrology Services to perform the above selected and stated services on my machine.

Authorized Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Owner Signature \_\_\_\_\_

- Purchase Order with Payment Terms is needed. 10% Discount if paid within 10 days of receipt.
- We accept credit cards such as Visa or Master cards. I thank you for your cooperation and support.

For Internal Use Only:

MG Metrology Job No:

11328 Bogie Lake Road. White Lake, MI 48386 USA  
Off (248) 363-8888 Fax (248) 363-3800 Cell (248) 894-5888

Web-site: [www.cmmsservices.net](http://www.cmmsservices.net)  
E-mail: [support@cmmsservices.net](mailto:support@cmmsservices.net)