

## **Calibration order**

If this is in respect of a warranty claim, please enclose a copy of the invoice!

Order No. / Order date	Customer No please state		Delivery note / Invoice No.
Originator / Contact person (in case o	of queries):	Shipping address	(if different):
Company / Department		Company / Depa	rtment
Street		Street	
Postcode, place		Postcode, place	
Telephone		Important note We allow ourselves to charge the costs of CHF 70.00,	
Fax		for the establishment of an estimate in case the repair is not carried out.	
E-mail		Delivery address  Brütsch/Rüegger Tools Ltd.  Via Luserte Sud 7	
Function		6572 Quartino	,
First name / surname			
Remarks:			
Certification			
SCS certificate	☐ ISO certifica	ate	
Date and signature:			