



Repair Order Form

All payments must be made with credit card. See credit card authorization form below.

Company Name: _____

Return Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

E-mail Address (if available): _____

Reference or P.O. Number: _____

Our Item/Part Number: _____

Services Needed:

1) Repair – describe problem completely (re-calibration is included)

2) Calibration Only (select one): **YES** **NO**

3) NIST Traceable Certificate of Calibration (select one): **YES** **NO**
(Additional charge depending on item returned – Please view Simpson’s Calibration & Repair Fees on our website)

4) Before and/or After Calibration Data (select one): **YES** **NO**
(Additional charge depending on item returned – Please view Simpson’s Calibration & Repair Fees on our website)

Shipping & Handling Fees:

All shipping, handling, and packaging fees are customer’s responsibility

Packaging Fee (shipping materials): \$6 per shipment

All Factory Repairs and Calibrations should be sent to:

Simpson Electric Company
520 Simpson Avenue
Attention: Repairs Dept.
Lac du Flambeau, WI 54538

Contact Repairs Dept. if you have any questions:
Tel: 715-588-3311 ext. 9613
Fax: 715-588-3326
E-mail: repairs@simpsonelectric.com



Credit Card Authorization Form

**** Must be filled out before repair/calibration is performed ****

Simpson Electric gladly accepts MasterCard, Visa, American Express and Discover.

Please complete the information below and fax to 715-588-3326 or email repairs@simpsonelectric.com

1. Credit Card No: _____

2. Credit Card Expiration Date: _____ CVV Code: _____ (Last three digits on back of card)

3. Credit Card Holder Name: _____

4. Billing address of credit card statement:

Street: _____

City, State Zip Code: _____

5. Customer No: (if known) _____

6. Customer Name: (if different than Card Holder Name)

7. Amount to be charged on credit card: \$ _____

8. Invoice #'s: (If more space is needed please provide separate page): _____

9. Additional Instructions: _____

For a copy of your credit card receipt please provide one of the following:

10. Fax No: _____

11. E-mail address: _____

Thank you,

Simpson Electric Company