Clear Form

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: _____

Prepay and add
UPS / FEDEX # _____

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

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
Fax: 715-588-3326
E-mail: repairs@simpsonelectric.com

Credit Card Authorization Form

Clear 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 SimpAccounting@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

PO Box 99 520 Simpson Avenue Lac du Flambeau, WI 54538
Phone: 715-588-3311 Fax: 715-588-3326
www.simpsonelectric.com