



11600 Black Horse Run, Raleigh, North Carolina 27613

Phone: 919-847-1898 FAX 919-847-8005

OPACITY FILTER CERTIFICATION ORDER FORM

Company Name _____ Purchase Order # _____
 Facility Site _____ Contact Name _____
 Shipping Address _____ Billing Address _____
 City/State/Zip _____ City/State/Zip _____
 Technical Contact Email _____ Purchasing Email _____
 Phone _____ Fax _____

Filter Information					
Filter Set No.	Serial No.	Current % Opacity	Test Angle (if Known)	Monitor Type and Model	COMS installed or refurbished after 2/5/2001?
1					Yes No
2					Yes No
3					Yes No

Printed Name: _____
 Authorization Signature: _____

UPS SHIPPING WILL BE ADDED TO INVOICE.

1 week turn-around-standard. Please call for RUSH Scheduling.
 We can ship collect if you add your account number **except** for FedEx ground.

Shipping Company / Account No. _____

CREDIT CARD INFORMATION

Card Type MC VISA Card Number
 Name (on card) _____
 CVV Code Exp. Date

Terms and Conditions: Cal Check will endeavor to certify filter within timeframe offer; however will have no liability whatever to the customer for incidental or consequential damages due to Cal Check failure to certify within any timeframe.