 SERVICE REQUEST FORM

Customer Information

Name:
Company Name:
Address:
City:
State/Province:
Zip/Postal Code:
Country:
Telephone Number:
Fax Number:
E-mail Address:

Diamond and Gold Testers Descriptions

Check that applies to you

Diamond Testers:

Qty_____ Diamond Beam I   Serial # _____
Qty_____ Diamond Beam II   Serial # _____
Qty_____ Diamond Beam III   Serial # _____
Qty_____ DB Locator   Serial # _____
Qty_____ DiaMaster by Kassoy   Serial # _____

Gold Testers:

Qty_____ GXL – 24 PRO   Serial # _____
Qty_____ GXL – 18   Serial # _____
Qty_____ GT – 3000   Serial # _____
Qty_____ GT – 4000   Serial # _____

Payment Information

Payment Method: ( )Visa/MasterCard ( )Sending Check/Money Order (   )C.O.D. + $5

$ _____ Amount Enclosed (if sending check/money order)

Cardholder Information (if paying by credit card)

Cardholder Name:
Credit Card Number:
Expiration Date: