

**Section 1: Company & Shipping Info**

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Purchase Order #:

Company Name:

Company Address (Street, City, State, Zip):  
  

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Technical Contact/End User Name:

Purchasing Contact:

Phone #:

Phone #:

Fax #:

Fax #:

Email:

Email:  
  

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Name on Certificate:

Address on Certificate (Street, City, State, Zip):  
  

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"Ship To" Name:

"Ship To" Address (Street, City, State, Zip):

Return Shipping Company (FedEx, UPS, etc.):

Return Shipping Method (1 day, 2 day, ground, etc.):

Customer's Account Number:



What type of plots do you want?

Polar

3D

In what format do you want your data? (Excel, .txt, etc.)

**Notes:**

1. Please send a copy for each unit
2. If calibration standard or cal requirements are not listed, calibration will be performed to our default standard.
3. If calibration standard is customer's internal standard, a paper or electronic copy must be given to Keysight.
4. All companies must complete and return our shipping waiver before units can be returned.
5. All information **MUST** be completed. If form is not completed and signed, calibration will be delayed.
6. A hardcopy purchase order or credit card info must be on file in order for calibration to be performed.

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Customer Approval Signature

Date

Please email this form to [quotes.lc@keysight.com](mailto:quotes.lc@keysight.com) for an estimate.