

SmartCheck/QuickFlow Service Order Form

800 4 Rainin (800 472 4646) RaininService.com

Step 1 General Information

Instructions:

Please fill out form and include it with your device when you send SmartCheck to the Rainin Service Center. Contact technical support for questions: 800 4 Rainin (800 472 4646)

Product	QTY	Preventive Maintenance	Repair
SmartCheck		30587183	N/A
QuickFlow		N/A	30530102

Customer Notes:

Step 6 Billing

Company	
Cardholder Name	
Address 1	
Address 2	
Address 3	
City, State, ZIP	
Quote No.	

For current pricing, please contact your local sales representative or call 800 472 4646.

☐ I need an estimate if additional parts/repairs are needed.

For complete Terms & Conditions, visit www.mt.com/CalTC

Orders without payment information will not be processed.

Step 7 Shipping

Contact Name	
Phone Number	
Email	

☐ Shipping address same as Billing address

Organization	
Address 1	
Address 2	
Address 3	
City, State, ZIP	

By submitting this service request I agree to the METTLER TOLEDO standard Terms and Conditions of Sale, which can be accessed of www.mt.com/legal and are incorporated herein by reference. If your organization maintains a current master service agreement with Mettler-Toledo, LLC, the Terms and Conditions of that master agreement will supersede the standard terms and Conditions of Sale as described above and referenced within this pipette calibration order form.

Step 8 Service Centers

7500 Edgewater Drive, Oakland, CA 94621
 150 Wells Avenue, Newton, MA 02459
 10636 Scripps Summit Ct. # 130, San Diego, CA 92131
 200 Rittenhouse Circle East, Unit 2, Bristol, PA 19007

Note: SmartCheck and QuickFlow products can be only serviced at certain Service Centers.

Standard Turnaround

3–5 business days (in lab) estimated

Step 2 SmartCheck – Preventive Maintenance Interval

SmartCheck preventive maintenance is recommended at least once per year.

☒ 3 Months ☐ 6 Months ☐ 12 Months

Step 3 Decontamination Policy

If your organization maintains a current master service agreement with Mettler-Toledo Rainin, LLC and an acceptable decontamination process is specified within such agreement, no signature is required on this form for certification of decontamination.

☐ I certify that my product(s) is free of biological, chemical and radiological contaminants.

Signed _____ Date _____

Credit card information will be destroyed after processing.

Step 5 Payment Method

☐ Visa ☐ Amex ☐ MasterCard ☐ Purchase Order (please attach)

Credit Card or PO No. _____

Credit Card Expiration	Your Reference Number (optional)
Month: _____ Year: _____	
Rainin Use Only	Promo Code/Voucher No.