

# HEPA Filter Service Form

## Ship-To Address

Attention:  
Institution:  
Address:

City:  
Province:  
Postal Code:

## Service Info

Model:  
Serial Number of Unit:  
Reason for Service Call:

Certification  
Assessment  
Repair

If repair, please specify reason:

## Bill-To Address

Attention:  
Institution:  
Address:

City:  
Province:  
Postal Code:

## Payment

Quote Number:  
Quoted Price:  
Cost Centre for Payment:

If more than one cost centre,  
please specify division of payment:

## Contact Info for Service

Principal Investigator:  
Contact Name:  
Email:  
Telephone Extension:  
Room Number:

## PO Number:

Buyer:  
Email:  
Telephone Extension: