



CUSTOMER CONTRACT REVIEW SHEET

Account # _____

Company:
 Location: _____
 Address: _____
 City/State: _____
 Phone: _____
 Fax: _____

Bill to address
 Location: _____
 Address: _____
 City/State: _____
 Phone: _____
 Fax: _____

Ship to address
 Location: _____
 Address: _____
 City/State: _____
 Phone: _____
 Fax: _____

Company Contact:
 Primary Contact: _____ Phone: _____ Email: _____
 Alternate Contact: _____ Phone: _____ Email: _____

Accounting Department:
 Primary Contact: _____ Phone: _____ Email: _____
 Alternate Contact: _____ Phone: _____ Email: _____

Calibration Requirements:

Contract Period: from _____ to _____ Purchase order #: TBD /

Calibration Procedure: MFG GiDEP Other Published Procedure Customer Supplied

Calibration Interval: Customer Assigned: MFG. Recommendation Other Published Recommendation

Quality requirements: ISO9000 ANSI/NCSL-Z540 ISO/IEC17025 Other-see Special Instruction

Calibration Recall Notice: Yes No Data Required: Yes No Measurement Uncertainty Required: Yes No

Statement of compliance: Yes No Other. If the client requests another method, this method shall be documented. (based on test results observed within specified limits and with no reduction by the uncertainty of the measurement taken)

Calibration items requiring subcontracted services are approved by the customer: Yes No (Calibration quotations requiring external support shall be documented indicating S.A.S., Subcontracted Accredited Supplier or O.S.S. Outside Service Support, as evidence of communication and approval by Customer).

Calibration dates: Requested due dates on your calibration label and calibration report: **month/day/year or month/year:**

Logistics (Equipment pick up/delivery/shipping): Delivery/Pick Up: Yes No Preferred Method: Carrier #:

Onsite: Yes No Preferred Method: Carrier #:

Special Quality Instructions:

Completed by: _____ Title: _____ Date: _____