



SPECIALTY VALVE

& CONTROLS

This form allows your information to be prepopulated for easy processing. Included in this form are some basic details about your needs. Please complete the form in its entirety. If you have any questions about this form please do not hesitate to reach out to us, we are always delighted to hear from you!

CUSTOMER INFORMATION

Name

Company

Address

City

State

Zip

Phone

Email

UNIT INFORMATION

Model

Unit Serial Number

Comments *(tell us a bit about what your test kit needs)*

PRE-AUTHORIZATION DETAILS

Thank you for your consideration and your order. Please fill out and submit the information below in order to provide credit card authorization so that we can process your purchase, recalibration, repair, or recertification in a timely manner.

If you have any questions about this form or the information we are requesting, please contact us via email at info@specialtyvalve.com or by phone at **704-522-9873**.

PRE-AUTHORIZATION

I authorize Specialty Valve and Controls to charge my:

- VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Account Number

Expiration Date

Security Code

For:

- All billing to bring my account balance even Purchase of a new test kit
 Recertification of my test kit Accessories purchase (*please list in comments box below*)
 Certification of my guages

Additional Comments

- Billing address is the same as above

ALTERNATE BILLING ADDRESS

Address

City

State

Zip

- Shipping address is the same as above

ALTERNATE SHIPPING ADDRESS

Address

City

State

Zip