



Instrument CarePlans

This form must be completed and submitted with your purchase order for all Fluke instrument CarePlans. This information is critical to our ability to provide the services you are purchasing. Orders for premium service plans will not be accepted without this completed form. This information is used only in support of these premium service programs.

| End User Information | |
|--------------------------|--|
| Company Name | |
| Attn: (End User) | |
| Mail Stop/Bldg/Room/Dept | |
| Street Address | |
| City | |
| Postal Code | |
| Country | |
| Phone# | |
| E-mail | |

This order is for:

| CarePlans for thermal imagers | | |
|--|--|--|
| Silver CarePlan New Plan <input type="checkbox"/> | Gold CarePlan New Plan <input type="checkbox"/> | Bronze CarePlan New Plan <input type="checkbox"/> |
| Renewal of existing CarePlan | | |
| Existing Gold CarePlan #: _____ | Existing Silver CarePlan #: _____ | Existing Bronze CarePlan #: _____ |

| CarePlans for electrical calibration products |
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| New Silver CarePlan <input type="checkbox"/> |
| Renewal of existing CarePlan |
| Existing Silver CarePlan #: _____ |

| CarePlans for temperature calibration products |
|--|
| New Silver CarePlan <input type="checkbox"/> |
| Renewal of existing CarePlan |
| Existing Silver CarePlan #: _____ |

| CarePlans for pressure and flow calibration products |
|--|
| New Silver CarePlan <input type="checkbox"/> |
| Renewal of existing CarePlan |
| Existing Silver CarePlan #: _____ |

Customers ordering new instrument CarePlans for their existing instrument: enter product information below. (New CarePlan orders placed with new instrument orders will have the following information recorded at the factory prior to product shipment)

| CarePlan model # | Instrument/camera model #* | Instrument/camera serial #* |
|------------------|----------------------------|-----------------------------|
| | | |
| | | |
| | | |

List additional instruments on a separate attachment sheet if needed.
*Required information

| Internal Use Only: |
|--------------------|
| SO #: |
| Entered by: |