



JET EA to 3ETA and/or Battery Upgrade Order Form

Customer Number _____ Date _____
 Company Name _____
 Lab Contact _____ Phone _____
 Email _____ Fax _____
 Purchasing Contact _____ Phone _____
 Email _____ Fax _____

Method of Payment

- Purchase Order Number _____
Include a paper copy of Purchase Order in the box. Internal purchase requisitions are not valid.
 Credit Card (Must fill in page 2)

Instructions:

- 1) Include a copy of purchase order (PO) or fax PO to (1-651) 481-7404.
- 2) Questions? Contact Customer Service at cservice@datasci.com.
- 3) Use this form ONLY for JET EA to 3ETA upgrades or JET Battery Upgrades.

For any other return, contact Technical Services at support@datasci.com before returning.

Shipping Instructions:

- 1) Product must be decontaminated prior to being returned.
- 2) Include this form in the shipping container. Keep a copy for your records.
- 3) For battery upgrades dispose of old battery in accordance with your local authority.
- 4) Cushion well or return in original package.
- 5) Ship to:
DSI
119 14th Street NW
Suite 100
St. Paul, MN 55112 USA
- 6) Do not send via standard mail delivery service.

Qty	Part Number (P/N)	Model Name	Serial Number*
	270-0244-001	JET EA to 3ETA Upgrade, ECG 27"	
	270-0244-002	JET EA to 3ETA Upgrade, DIF 27"	
	270-0244-003	JET EA to 3ETA Upgrade, ECG 12"	
	270-0244-004	JET EA to 3ETA Upgrade, DIF 12"	
	279-0240-001	JET Battery Upgrade, EA	
	279-0240-002	JET Battery Upgrade, 3ETA	
	279-0240-003	JET Battery Upgrade, 6ETA	

*List additional serial numbers here: _____

****For Technical Issues contact Technical Services for a case number at support@datasci.com.**

Special Instructions:

Delivery For Return Shipment:

- Next Day AM Next Day PM 2-Day Ground
Method: DSI pay shipping and add to my billing invoice Use my account DHL FedEx UPS

Account Number _____



JET EA to 3ETA or Battery Upgrade Credit Card Payment

*****Credit Card orders must fill out completely*****

Billing Information

Visa
 Master Card
 American Express

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

Attention: _____

City: _____ State: _____ Zip: _____

Shipping Information

Ship to Company: _____

Ship to Address: _____

Attention: _____

City: _____ State: _____ Zip: _____

DSI Contact Information:
 Toll Free: 1-800-262-9687 Local: 651-481-7400
 Fax: 651-481-7404