

### Service Agreement Acceptance Form

Email	Katie.Guckert@smithsdetection.com	# of Pages:	1
Fax	410-510-9500		
To:		From:	
Company:	Smiths Detection	Company:	
Date:			
Subject:	PMI/Radiation Survey		



We are interested in purchasing a PMI/Radiation Survey with you. My contact information is as follows:

Contact Name: \_\_\_\_\_ Tel: (    ) \_\_\_\_\_

Signature: \_\_\_\_\_

Company: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

<i>Description</i>	<i>Serial Number</i>	<i>Price</i>	<i>**Location</i>
HS-6040DS	66562	\$1,100	
<b>TOTAL</b>		<b>\$1,100</b>	

**\*\*For the Location – please provide exact physical address of where the unit is located.**