

Place this sheet in box with Meter(s)



Ship To:
M.E. Simpson Co., Inc.
Attn: Meter Testing Department
3406 Enterprise Ave.
Valparaiso, IN 46383

Billing Information

Utility/Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Fax: _____
 Email: _____ Date: _____
 Purchase Order#: _____ (If Required)
 Email Results / Invoice Mail Results / Invoice

Meter Information

Brand: _____	Size: _____	Type: _____	S/N: _____	Reg ID: _____
Reason for testing: <input type="checkbox"/> High/Low Bill	<input type="checkbox"/> Register Issue	<input type="checkbox"/> Sample	<input type="checkbox"/> Other	
Description (if Other): _____				

Brand: _____	Size: _____	Type: _____	S/N: _____	Reg ID: _____
Reason for testing: <input type="checkbox"/> High/Low Bill	<input type="checkbox"/> Register Issue	<input type="checkbox"/> Sample	<input type="checkbox"/> Other	
Description (if Other): _____				

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Reason for testing: <input type="checkbox"/> High/Low Bill	<input type="checkbox"/> Register Issue	<input type="checkbox"/> Sample	<input type="checkbox"/> Other	
Description (if Other): _____				

For large quantities please contact our office for a quote.
Pricing Applies to 5/8" - 1" meters. Call for a quote on meters larger than 1"

Results Timeframe: Next Day \$250 Within 5 days \$175 Within 20 days \$45
 Post Test: Dispose of Meter Return Meter "Shipping & Handling charges will apply"

Return Information

(If same as billing, write "Same")

Utility/Company Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Email: _____

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