



GENERAL REPAIR & SERVICE

SERVICE ORDER

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

PRODUCT: _____ BRAND NAME: _____
 SERVICE CENTRE NUMBER: _____ MODEL NUMBER: _____
 SERIAL NUMBER: _____ WARRANTY REGISTRATION NO. & EXPIRY: _____

DEALER NAME: _____ CITY: _____ PURCHASE DATE: _____
 LABOUR WARRANTY CONTRACT ESTIMATE

CUSTOMER COMPLAINT: _____ NAME: _____
 ADDRESS: _____ PHONE: **1234**

QTY.	DESCRIPTION	PRICE	AMOUNT	TODAY'S DATE	DATE PROMISED	DATE OF ORIGINAL INSTALLATION
				200		

SERVICE PERFORMED: _____

TECHNICAL SERVICE TIME: SHOP HOME
 PICK UP OR DELIVERY SERVICE CALL CHARGE

TECHNICIAN: _____

DATE COMPLETED: _____

PAYMENT: CASH DEBIT CARD CHEQUE
 CREDIT CARD Exp. _____

SIGNATURE: _____ SIGNATURE: _____

CLAIM CHECK

CUSTOMER NAME: _____ YOUR COMPANY NAME: _____
 PHONE NO.: _____ YOUR STREET ADDRESS: _____
 DATE PROMISED: _____ YOUR CITY, PROV. & P.C.: _____
 YOUR PHONE NO. & FAX NO.: _____

No merchandise delivered without this check. Not responsible for goods left over 30 days not for loss by fire or theft.

95-09 (8 1/2 x 9 1/8) Service Order



SERVICE ORDER

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

NAME: _____ DATE: 200
 ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____ PHONE: _____
 MAKE: _____ MODEL: _____ SERIAL NUMBER: _____
 NATURE OF SERVICE: _____ DATE PROMISED: 200

QUANTITY	DESCRIPTION	AMOUNT

SPECIAL INSTRUCTIONS: _____

TECHNICIAN: _____ DATE COMPLETED: 200
 SIGNATURE: _____ SIGNATURE: _____

CLAIM CHECK

Customer Name: _____ YOUR COMPANY NAME: _____
 Phone: _____ YOUR STREET ADDRESS: _____
 YOUR CITY, PROV. & P.C.: _____
 YOUR PHONE NO. & FAX NO.: _____

No merchandise delivered without this check. Not responsible for goods left over 30 days not for loss by fire or theft.

95-10 (4 1/4 x 9 1/8) Service Order



REPAIR ORDER

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

SERVICE WELL CALL WARRANTY DATE PURCHASED: _____ DATE: _____
 INSTALL DELIVER PARTS LABOR

NAME: _____ MAKE: _____
 STREET: _____ APT: _____ MODEL: _____
 CITY: _____ PHONE: _____ SERIAL: _____

REASON OF SERVICE REQUEST: _____ THIS DEPOSITED PROPERTY IS IS NOT INCURRED OR PROTECTED TO THE AMOUNT OF THE ACTUAL CASH VALUE AGAINST LOSS OCCURRED BY THEFT, FIRE OR VANDALISM

QTY	PART NUMBER	PART DESCRIPTION	PRICE	AMOUNT
		CLEANER, LUBRICANTS & MISCELLANEOUS		

TECHNICAL SERVICE PERFORMED AT ABOVE SHOP IF OTHER THAN ABOVE GIVE ADDRESS: _____

SERVICE PERFORMED: _____

ESTIMATE: _____ CUSTOMER'S O.K. _____ REVISED ESTIMATE: _____ TIME & DATE CALLED: _____ BY WHOM: _____ APPROVED BY: _____

CHARGES IF NOT REPAIRED: If equipment is returned at customer request before authorized service is performed, a diagnosis and handling charge of \$_____ will be made.

ESTIMATED CHARGES INCLUDE: SERVICE CALL, SHOP LABOR, REMOVAL, REINSTALLATION AND PARTS IF UNION CLOSED SHOP ANALYSIS. ADDITIONAL REPAIRS ARE NEEDED YOU WILL BE CONTACTED FOR AUTHORIZATION TO COVER ADDITIONAL CHARGES.

ACKNOWLEDGEMENT: I HAVE READ AND UNDERSTAND THE ABOVE ESTIMATE AND TERMS AND AGREE TO THE REMOVAL OF THE ABOVE DESCRIBED EQUIPMENT FOR PURPOSES STATED. I ALSO UNDERSTAND I AM AUTHORIZED TO SIGN AS THE CUSTOMER BY HEREBY ACKNOWLEDGING ON ABOVE SET TO SECURE THE AMOUNT OF REPAIR THERE TO.

RECEIVED BY: _____ HIGH VOLTAGE READING: _____
 RECEIVED BY: _____ TECHNICAL SIGNATURE: _____

AC LEAKAGE: _____ MICROWAVE LEAKAGE: _____
 GUARANTEE: WE ARE PLEASED TO GUARANTEE ALL MATERIALS LISTED ABOVE FOR 90 DAYS UNLESS OTHERWISE SPECIFIED. CUSTOMER WILL BE CHARGED ONLY FOR LABOR REQUIRED.

1001

NEW 95-11 (5 2/3 x 9 1/8) Repair Order

APPLIANCE REPAIR ORDER

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

SERVICE WELL CALL WARRANTY DATE PURCHASED: _____ DATE: _____
 INSTALL DELIVER PARTS LABOR

NAME: _____ MAKE: _____
 STREET: _____ APT: _____ MODEL: _____
 CITY: _____ PHONE: _____ SERIAL: _____

WILL TO OTHER THAN ABOVE: _____

ADDRESS: _____ DATE PROMISED: _____

REASON OF SERVICE REQUEST: _____ THIS DEPOSITED PROPERTY IS IS NOT INCURRED OR PROTECTED TO THE AMOUNT OF THE ACTUAL CASH VALUE AGAINST LOSS OCCURRED BY THEFT, FIRE OR VANDALISM

QTY	PART NUMBER	PART DESCRIPTION	PRICE	AMOUNT

TECHNICAL SERVICE PERFORMED AT ABOVE SHOP IF OTHER THAN ABOVE GIVE ADDRESS: _____

SERVICE PERFORMED: _____

ESTIMATE: _____ CUSTOMER'S O.K. _____ REVISED ESTIMATE: _____ TIME & DATE CALLED: _____ BY WHOM: _____ DEPOSIT: _____

CHARGES IF NOT REPAIRED: If equipment is returned at customer request before authorized service is performed, a diagnosis and handling charge or similar fee of \$_____ will be made.

ESTIMATED CHARGES INCLUDE: SERVICE CALL, SHOP LABOR, REMOVAL, REINSTALLATION AND PARTS IF UNION CLOSED SHOP ANALYSIS. ADDITIONAL REPAIRS ARE NEEDED YOU WILL BE CONTACTED FOR AUTHORIZATION TO COVER ADDITIONAL CHARGES.

ACKNOWLEDGEMENT: I HAVE READ AND UNDERSTAND THE ABOVE ESTIMATE AND TERMS AND AGREE TO THE REMOVAL OF THE ABOVE DESCRIBED EQUIPMENT FOR PURPOSES STATED. I ALSO UNDERSTAND I AM AUTHORIZED TO SIGN AS THE CUSTOMER BY HEREBY ACKNOWLEDGING ON ABOVE SET TO SECURE THE AMOUNT OF REPAIR THERE TO.

RECEIVED BY: _____ TECHNICAL SIGNATURE: _____

INVOICE WRITTEN BY: _____ TECHNICAL SIGNATURE: _____
 RECEIVED BY: _____ CUSTOMER'S SIGNATURE: _____

GUARANTEE: WE ARE PLEASED TO GUARANTEE ALL MATERIALS LISTED ABOVE FOR 90 DAYS UNLESS OTHERWISE SPECIFIED. CUSTOMER WILL BE CHARGED ONLY FOR LABOR REQUIRED.

1001

NEW 95-12 (5 2/3 x 9 1/8) Appliance Repair Order

Back Print Included Choices Pg. 36



Last Part Printed on Tag Stock Paper Sequence Pg. 71



Blanks Pg. 68

SNAPSHOT FORMS