

EQUIPMENT REPAIR ORDER

THIS SECTION TO BE COMPLETED AT TIME OF EQUIPMENT PICKUP

CUSTOMER/CONTACT NAME	PICKUP DATE
CUSTOMER ADDRESS	CUSTOMER PHONE
CUSTOMER PURCHASE ORDER	OUR BILLING INVOICE
MAKE	MODEL
SERIAL NUMBER	MFG DATE
ACCESSORIES <input type="checkbox"/> CASE - COLOR _____ <input type="checkbox"/> BATTERY - QUANTITY _____ <input type="checkbox"/> CHARGER <input type="checkbox"/> CABLES - QUANTITY _____ <input type="checkbox"/> INSTRUCTION MANUAL	
REQUESTED SERVICE <input type="checkbox"/> CLEAN <input type="checkbox"/> CALIBRATION <input type="checkbox"/> CLEAN & CALIBRATION <input type="checkbox"/> REPAIR	
REPAIRS REQUESTED 	

CUSTOMER SIGNATURE _____

THIS SECTION TO BE COMPLETED AT OFFICE

REPAIR VENDOR	REPAIR PURCHASE ORDER NUMBER
DROP OFF DATE	EXPECTED PICKUP DATE
WORK TO BE COMPLETED 	

VENDOR SIGNATURE _____

THIS SECTION TO BE COMPLETED AFTER COMPLETED REPAIRS

PICKED UP FROM REPAIR FACILITY	DELIVERED TO CUSTOMER
COMMENTS 	