

APPLIANCE REPAIR ORDER

**INSTRUCTIONS: LEAVE PLY 3 WHEN
APPLIANCE IS REMOVED TO SHOP.**

YOUR COMPANY NAME

123456

Address
City State Zip
Phone And Fax
Advertising Line

<input type="checkbox"/> SERVICE	<input type="checkbox"/> WILL CALL	WARRANTY		DATE PURCHASED	DATE OF ORDER
<input type="checkbox"/> INSTALL	<input type="checkbox"/> DELIVER	<input type="checkbox"/> PARTS	<input type="checkbox"/> LABOR	/ /	/ /

NAME		NAME OF APPLIANCE	
STREET		APT.	
CITY		PHONE	
BILL TO - OTHER THAN ABOVE		MODEL	
ADDRESS		SERIAL	
NATURE OF SERVICE REQUEST BY CUSTOMER		DATE PROMISED	
SERVICE TECH. RECOMMENDATION		THE DEPOSITED PROPERTY IS <input type="checkbox"/> IS NOT <input type="checkbox"/> INSURED OR PROTECTED TO THE AMOUNT OF THE ACTUAL CASH VALUE AGAINST LOSS OCCASIONED BY THEFT, FIRE, OR VANDALISM.	

QUAN.	PART NUMBER	PART DESCRIPTION	PRICE	AMOUNT

TECHNICAL SERVICE PERFORMED at ABOVE SHOP IF OTHER THAN ABOVE - GIVE ADDRESS →					TOTAL PARTS	
SERVICE PERFORMED					TAX	
					LABOR CHARGES	
					SERVICE CHARGE	
					REMOVAL & RE-INSTALLATION	
TIME STARTED AM PM	TIME FINISHED AM PM	HOURS	Rate Per Hour	DATE COMPLETED	TOTAL	

ESTIMATED CHARGES INCLUDE SERVICE CALL, SHOP LABOR, REMOVAL, REINSTALLATION AND PARTS. IF UPON CLOSER SHOP ANALYSIS ADDITIONAL REPAIRS ARE NEEDED YOU WILL BE CONTACTED FOR AUTHORIZATION TO COVER ADDITIONAL CHARGES.	ESTIMATE	CUSTOMER'S O.K.	DEPOSIT
	\$		\$
	REVISED ESTIMATE	TIME & DATE CALLED	BY WHOM

RECEIVED BY - TECHNICIAN _____

NOTE: If equipment is returned at customer request before authorized service is performed, a diagnosis and handling charge or estimate fee of \$ _____ will be made.

INVOICE WRITTEN BY:	TECHNICIAN SIGNATURE	REPAIRS SATISFACTORILY COMPLETED & OLD PARTS RETURNED CUSTOMER'S SIGNATURE
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RETURN OF EXEMPT APPLIANCE PARTS WAIVED
CUSTOMER'S SIGNATURE _____

