

Checkpoint Communications Inc.

# Customer Request

15412 Electronic Lane, Suite 102  
Huntington Beach, CA 92649  
Direct 714-892-5050  
Fax 714-892-9589

Phone number

Date of Request

Requested by

### TYPE OF REQUEST

T&M

Bid

Material Only

Other

### SITE LOCATION

Specify Other:

Name: \_\_\_\_\_ Service \_\_\_\_\_

Type of Service: \_\_\_\_\_

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

City: \_\_\_\_\_

Warranty \_\_\_\_\_

Approximate Time Original Work Was Completed \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*\*Warranty will be verified once request has been received and original documents reviewed - you will be notified of the status of warranty. Product warranty does not always come with an additional labor warranty. Therefore, the product may be under warranty however the labor may be charged for any travel, troubleshooting, repair or replacement install.*

### BILLING LOCATION

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact name at SITE location: \_\_\_\_\_

Contact number at SITE location: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

## Material Request (or) Warranty

*Filled out by customer*

Please fill out as much as possible excluding unit cost (attach another sheet if more room is needed)

*Office Use Only*

QTY	Part Number	Part Description	Unit Cost	Total Cost
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -

## Labor Services Request

*Filled out by customer*

I have requested information or services on the above listed information to be completed by Checkpoint Communications Inc. with the understanding that all requests may have up to 72 hours of processing time. This is not to be considered authorization to perform any material or services unless proper authorization in writing is received, such as: P.O. #, Requisition #, or an authorized signature below by an authorized personnel of the Billing Location. I will be contacted in advance to verify authorization to proceed prior to fulfilling any requests. **PLEASE FAX REQUESTS TO 714-892-5050 OR EMAIL TO BIDS@CCOMWIRE.COM**

### Office Use Only

		Hrly	Lump Sum
Total Labor Costs			
Total Material Costs	\$ -	Minimum (or) Not to Exceed	
Tax	\$ -	The listed request can be performed for the following costs at the "Minimum" with a "Not to Exceed"	
Shipping			
Total (broken down)	\$ -	Minimum	Not to Exceed
(or) Lump Sum			

Requestor Signature

I am authorizing the following request to be filled at the listed costs on this request.

Customer Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

Type of Authorization Received: \_\_\_\_\_ Authoriation #: \_\_\_\_\_

Job # Issued: \_\_\_\_\_ Type of Billing Approved

Breakdown

Lump Sum

Minimum - Not to Exceed

Checkpoint Management Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_