**Service/Repair Work Order**

*(Please fill in as much detail as possible and send this sheet with your equipment)*

DATE: Click or tap to enter a date. PO No. (OPTIONAL): Click or tap here to enter text.

NAME: Click or tap here to enter text. COMPANY: Click or tap here to enter text.

PHONE: Click or tap here to enter text. EMAIL: Click or tap here to enter text.

SHIPPING ADDRESS: Click or tap here to enter text.

BILLING ADDRESS: Click or tap here to enter text.

BILLING PREFERENCE: [ ] Credit Card [ ] Check [ ] Other

EQUIPMENT MODEL: Click or tap here to enter text. SERIAL NO(s): Click or tap here to enter text.

PROBLEM DESCRIPTION/SERVICE REQUESTED: Click or tap here to enter text.

EXPEDITE REPAIR? [ ] No [ ] Yes *\*Additional fee applies*

ADDITIONAL COMMENTS (OPTIONAL): Click or tap here to enter text.

Service Process

Your equipment will be examined by a trained service technician in the order it was received. Lead time varies depending on the current volume of incoming repairs. A technician will contact you to provide an *approximate* total cost of service including labor hours (standard rate: $85/hr) and parts needed (shipping costs not included) before all work is completed. Once necessary approval is obtained remaining work will commence. *\*Note: In certain cases, to expedite the repair/return process, we may request advance approval to complete repairs without estimate/approval.*

In the event that a repair quote is declined, or repair cost exceeds the cost of an equivalent replacement unit, the equipment will be returned as-is. Customer is responsible for return shipping expenses.

Billing

**Credit Card:** Payment shall be completed prior to shipment of your finished equipment via telephone or online payment. A receipt will be included with the equipment.

**Check:** Equipment will be shipped back with a final invoice to follow within one week. Default Net 30 payment schedule. Late payment fees may apply. Please contact us to set up alternate payment arrangements.

Signature: