

# Repair Form

Ticket Number

Job Number



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Payment Method:      Cash/Check      Credit/Debit      Account

Would you like an estimate?    Yes    No    Is this a rush order?    Yes    No

Is this unit safe to power up?    Yes    No    If so, what date is it needed by? \_\_\_\_\_

Quantity of items to be repaired?

Item #: Serial Number:

 

Item #: Serial Number:

 

Item #: Serial Number:

    

Item Description/Problem:

1)

2)

3)

4)

5)

6)

Date:

Accepted By: