



REQUEST FOR EQUIPMENT SERVICE

Company Name :	Customer Contact:	Requested Service Date:
Type of Service Required (Please Specify):	<input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Individual	Actual Service Date:

Please specify below all equipment to be serviced by this visit:

Model #	Serial #	Part#	Description	Price

COMMENTS

Sub-Total for Parts & Materials	
Tax @ 9.75%:	
Freight:	
Total for Parts & Materials	

FOR INTERNAL USE ONLY		
Service Call Charge	Mileage Portal to Portal	Labor Rate
\$ 95.00	\$ 0.55/mile	\$110.00/Hr

Labor Hours:

Total Labor Charge:	
Total Service Charge:	

Customer Signature:: _____

Date: _____

Print Name: _____