



Service Order

Manufacturer:		Store/contact person:					
Date/time received:		Scheduled appt date/time:					
Part received date:		Correct Part: Yes / No			_Tech initials		
Customer 1	Name:						
Address:							
Home phor	Home phone:		Work:		Cell:		
Item repai	red:						
Sn#		Style#		Ack#			
Pattern/col	Pattern/color		Photos requested: Yes / No				
CompletePOInspection If return needed, time to complete:						lete:	
Bill to:		Date of Purchase:					
Service Co	mplaint:						
Work Perfo	ormed:						
Service Tec	Service Tech:		Charge for service \$				
Comments:	<u>:</u>						
Work Perfo	ormed Satisfa	actorily complete	Customer S	ignature/date:	:		
Date/Time:		Action Taken:					