



Laser Printer/Fax Repair Request

SERVICE ORDER

Customer fill in white areas

DATE: <input type="text"/>	TIME IN: <input type="text"/>	TIME OUT: <input type="text"/>	SERVICE TECHNICIAN: <input type="text"/>
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CLIENT: <input type="text"/>	ACCOUNT NO: <input type="text"/>
ADDRESS: <input type="text"/>	CONTACT: <input type="text"/>
<input type="text"/>	TELEPHONE: <input type="text"/>
<input type="text"/>	PO NUMBER: <input type="text"/>

INSTALLED EQUIPMENT		REMOVED EQUIPMENT	
MODEL NO.	SERIAL NO.	MODEL NO.	SERIAL NO.

SERVICE NEEDED:	<input type="text"/>

WORK PERFORMED:

QTY	PART NUMBER	DESCRIPTION	PRICE	TOTAL
	LABOR			

- WORK COMPLETED
- WORK NOT COMPLETED

CUSTOMER SIGNATURE: _____ DATE: _____



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