

Customer Worksheet

Feel free to make extra copies of this form for future requests.

Bill To:	<input type="checkbox"/> Check if bill to and ship to are the same.
	Ship To:
/ /	
Contact:	/ /
Ph: Cell:	Would you like to insure your equipment?
Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
PO #:	Amount of Shipping Insurance upon return:
Job Name:	\$

Mfr:	Model #	Serial #
Problem:		
<input type="checkbox"/> Repair <input type="checkbox"/> Calibration <input type="checkbox"/> Certification <input type="checkbox"/> Estimate		

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Comments:

Page of Total Units:	Signature

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