

Service Form

The below rows are for customer to fill.

Service Form #

Customer Information		Open Date:	Close date:
Name:		Service Particulars	
Attn:		<input type="checkbox"/> Warranty <input type="checkbox"/> Non-warranty <input type="checkbox"/> Other	
Address:		Product:	
		S/N:	
Tel:	Fax:	Purchase Date:	
<u>Complaint</u>		Purchased From:	

The below rows are for service technician to fill.

Details of Service

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Parts and Labour

Items Description	Part Number	Quantity	Unit Price	Sub Total
Freight and Packing				
			Sub Total	
Time In:	Time Out:	PST		
		GST		
Technician Signature:		Invoice Total		
Client Signature:		<input type="checkbox"/> Satisfied <input type="checkbox"/> Dissatisfied		