



SERVICE AND REPAIR ORDER

SINCE 1993

OFFICE (559) 627-2500

FAX (559) 627-2900

CUSTOMER _____		CONTACT PERSON _____	
ADDRESS: _____		PHONE: _____	EXT. _____
BILLING ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
DATE: _____	PO# _____	WARRANTY	TAKEN BY _____ TIME _____
<input type="checkbox"/> YES <input type="checkbox"/> NO			

	EQUIPMENT DESCRIPTION	SEIAL #	SERVICE TYPE
1			
2			
3			
4			

SERVICE TYPE	
A	ON SITE SURVEY / ASSESSMENT
B	CORRECTIVE MAINTENANCE
C	INSTALLATION
D	UPGRADE / MODIFICATIONS
E	RELOCATION
F	WARRANTY REPAIR

DESCRIPTION OR PROBLEMS	MAINTENANCE PERFORMED

COMMENTS:
PERFORMED TESTS: <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
REFERRED BY: _____

THE EQUIPMENT SUBMITTED FOR REPAIR WILL NOT BE INSURED OR PROTECTED AGAINST LOSS BY THEFT, FIRE, VANDELISM, OR OTHER MEANS WHILE THE PROPERTY REMAINS WITH CALIFORNIA CARTRIDGE PURSUANT TO THE PROVISIONS OF SECTION 1858.1 OF THE CIVIL COLDE.

NOTE: 1 HOUR LABOR MINIMUM PER MACHINE

PARTS REPLACED	COST
TELLER PRINTER	___ X \$ _____
INKJET LABOR	___ X \$ _____
MONOCHROME LASER LABOR	___ X \$ _____
COLOR LASER LABOR	___ X \$ _____
LARGE FORMAT PRINTER / PLOTTER LABOR	___ X \$ _____
COPIER LABOR	___ X \$ _____
SUBTOTAL	
TAX	
TOTAL CHARGES	

_____ TECHNICIAN	_____ DATE
_____ CUSTOMER	_____ DATE