

SERVICE REPORT

SERIAL # _____

DATE _____ TIME _____

TALKED WITH _____

SHIPPER # _____

P. O. # _____

COMPANY _____

STREET _____

T
O CITY _____ STATE _____ ZIP _____

PHONE # _____

S
H
I
P
T
O PHONE # _____

ACCT.# _____

ACCT.# _____

SHIP VIA: BEST WAY 3-DAY 2-DAY OVERNIGHT SATURDAY TODAY OTHER _____

NATURE OF PROBLEM: _____

PARTS ORDERED: _____

SPECIAL INSTRUCTIONS: _____

INVOICE
COD
NO CHARGE
CREDIT CARD _____
WARRANTY – INST. DATE _____
RETURN DEFECTIVE PART
OTHER _____

FREIGHT PREPAID/BILL BACK
FREIGHT COLLECT
FREIGHT PREPAID
LEFT OFF ORIGINAL ORDER
DAMAGED IN TRANSIT
RETURN PAR SHIPPED IN ERROR
LOST IN TRANSIT

BY: _____