Service Order

Ticket

SERVICE DEPT ONLINE

Golden, CO
303-238-0779
www.ServiceDeptOnline.com
email: service@servicedeptonline.com
SERVICE HOURS: MON -- FRI 10:00 - 5:00

REQUIRED INFO

Drop Off Location:	
Date:	
Company Name:	
First Name:	
Last Name:	
Address:	
City:	**St:** **Zip:**
Home Phone:	
Work Phone:	

Make:	
Model:	
Serial Number:	
Accessories Included:	
☐ **None**	☐ **Speaker Cable**
☐ **Power Cord**	☐ **Instrument Cable**
☐ **Power Supply**	☐ **Footswitch**
☐ **Cover**	
☐ **Other:**	

- ☐ **Estimate** (call with an estimate first)
- ☐ **Warranty** (must send a copy of receipt)
- ☐ **Contract** (repair up to $_____ , then call)

Nature of Service Required:

All work is Guaranteed for a period of 90 days from the completion of repairs. We reserve the right to sell this item if not picked up within 90 days of repair completion. A $36 Bench Fee will be charged if no problem is found or problem is user error.

Customer agrees to terms above.

Signature_____

Estimate Notes:

Labor: **Parts:** **Other:** **Total:**

☐ **Contacted Customer w/estimate / /** ☐ **Left a Message**

☐ **Estimate Approved** ☐ **Estimate Declined**

☐ **Parts Ordered / /** ☐ **Parts Received / /**

Repair Notes:

Date Completed / / **Technician**

Qty. / Hrs.	Description	Price	Amount
	Labor		

Customer is taking posssession of above equipment and agrees to pay for above charges.

Signature_____ Date

Labor Cost:	
Parts Cost:	
Other Cost:	
Other Cost:	
Tax:	
Total:	

Warranty Labor Summary		
Labor:		
Parts Credit:		
Parts Description:		