



WORK ORDER FORM

Company: _____ Date: _____
 Contact: _____ Email: _____
 Phone: _____ Fax: _____

THIS WORK ORDER MUST ACCOMPANY YOUR ITEM(S) FOR REPAIR OR CALIBRATION.

Item Name	Model	Serial #

Describe malfunction and list any special instructions: _____

Your assessed condition of instrument: _____

Service you are requesting*: _____

(SOP dictates a Calibration must accompany every major instrument repair.)

Billing Address:	Ship to Address:
Attn:	Attn: Phone:

Visa – MasterCard – AMEX - Discover #: _____
 Expiration Date: _____ CV2 #: _____
 Name on Card: _____
 Address: _____
 Zip Code of Card Holder: _____

Purchase Return Trip Insurance? Yes No
 If Yes, state Insurance Value: \$ _____
 Return by: 1 day 2 day 3 day
 My FEDEX #: _____ COD:
 My UPS #: _____ UPS Ground:

Service will not exceed \$95 for repair without getting your written approval. Estimate is based upon visual inspection of the instrument and average repair for similar equipment. The final cost may vary due to unusual or uncommon circumstances for the individual piece of equipment.

* Understand that any repair and/or calibration not completed or cancelled may be assessed a service charge. This Work Order serves as a Contract between HECK-TECHnical Resources, Inc. and the above listed Company.

SIGNATURE: _____ TITLE: _____

