



# Repair Depot Form

Date Shipped \_\_\_/\_\_\_/\_\_\_

Date Received \_\_\_/\_\_\_/\_\_\_

Return Shipping: Ground \_\_\_ Overnight \_\_\_ 2nd Day \_\_\_ Customer Pickup

## Ship To:

## Bill To:

COMPANY NAME

COMPANY NAME

STREET

STREET

FLOOR # DEPARTMENT

PO BOX

CITY STATE ZIP

CITY STATE ZIP

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT First & Last Name EXTENSION

CONTACT NAME EXTENSION

2 ND CONTACT First & Last Name EXTENSION

Ticket # \_\_\_\_\_ PO # \_\_\_\_\_

HEAT # \_\_\_\_\_ Tag # \_\_\_\_\_

## Part To Be Repaired:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ S/N: \_\_\_\_\_

Failure Description: \_\_\_\_\_

\_\_\_\_\_  
**Technician will call for in-depth description**

Parts Needed to Repair: \_\_\_\_\_

Price Quoted: LABOR \$ \_\_\_\_\_ PARTS \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

## Payment Method:

C.O.D. Check # \_\_\_\_\_  P.O. # \_\_\_\_\_  Ticket \_\_\_\_\_

Visa  MasterCard  Amex Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Security # \_\_\_\_\_