



SERVICE CALL REQUEST

Clarity Connect Ticket #: _____

Request Date:

Time Requested:

Ordered by:

Scheduled:

Service Location:

Billing Information:

Item To Be Repaired:

(one ticket per repair)

Model:

Location:

S/N _____ Page Count _____

Failure Description:

Technician will call for in-depth description (Additional notes are on back page as necessary)

Parts Needed to Repair: _____

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

Payment Method:

C.O.D. Check # _____ P.O. # _____ Visa MasterCard Amex Net _____ Days

Card # _____ Exp ____/____ CVV _____

Authorization: _____

This Service Has Been Performed: _____ Date: _____
(Company Representative)