

Call#: _____

Date/Time: _____

Type: _____

Estimate Required: _____

Customer

General Information

Account#: _____ Invoice To: _____
Company: _____
Address: _____
City/Province: _____
P.C.: _____ Tel: _____

Dispatcher: _____ Tech: _____
Planned on: _____
Coordinator: _____
Reference: _____

Equipment

Note

Serial #: _____ Loc.: _____
Make: _____ Warranty: _____
Model: _____ Contract: _____
Product #: _____

Problem

Solution

Parts

Product no	Description	Serial no	Qty	Price	Total

Labour

Technician	Date	Start	End	Travel	Qty	Hourly Rate	Total

The merchandise described and sold above remains the entire property of the salesperson until complete payment. 1.5% per month (18% per year) administration fees on all account overdue.

6 Months Warranty Ref. Invoice #: _____

Total	Labor	
	Parts	
	Travel	
	Total Net	
	G.S.T.	
	P.S.T.	
Total		

Customer's Signature: _____

Please send a copy of this report with my invoice