AUTOMATES

Office Automation Specialists

SERVICE REPORT

CUSTOMER INFORMATION	TECHNICIAN				
NAME:					
ADDRESS:	DATE:				
	EMERGENCY / UNSCHLED	TRAVEL / LABOR	TRAVEL / LABOR TIME		
			START	STOP	TOTAL
PHONE:					
EMAIL:					
CONTACT:					
REASON FOR VISIT					

PARTS USED		
QTY	DESCRIPTION OF PART	WS

WORK COMPLETED

FOLLOW UP NEEDED

CUSTOMER PLEASE READ CAREFULLY:

The undersigned accepts the service, repair and parts indicated above as acceptable and agrees to timely payment in accordance with ***AutoMates*** terms and conditions. ***AutoMates*** is not responsible for loss or damage to equipment in case of fire, theft or any other causes beyond its control. In addition, ***AutoMates*** is not responsible for loss of programs or data for any reason. Unscheduled (after hours) & Emergency labor rates apply for all unscheduled/urgent/emergency visits. Normal business hours are between the 8am to 5pm Monday-Friday. On-site visits are billed with a 1-hour minimum, and 15-minute intervals thereafter. Warranties: All parts are covered by the manufacturer warranty only. On-site labor is billed additionally, unless covered by an extended warranty purchased with computer systems. There are NO software warranties offered by ***AutoMates***. All software warranties are limited to those provided by each Software Manufacturer. I understand and agree to the terms, conditions and coverage of the warranties and service offered.

CUSTOMER AUTHORIZATION	DATE
(Authorized Signature)	

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