



MYFORMSTORE.COM BY
VALUE PRINTING

604 E. Chatham Street • Suite D • Cary, NC 27511
919-380-9883

Completed

Invoice # _____

Work Order # _____

Vendor # _____

METHOD OF PAYMENT		UNIT <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	UNIT <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	CHECK LIST		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK DRIVERS LIC#: _____		MAKE	MAKE	<input type="checkbox"/> COMPRESSOR <input type="checkbox"/> SUCTION _____ PSI <input type="checkbox"/> HEAD _____ PSI <input type="checkbox"/> VOLTS _____ AMPS <input type="checkbox"/> ELECTRICAL CONNECTIONS <input type="checkbox"/> CONTACTS TIGHT & CLEAN <input type="checkbox"/> OIL LEVEL & CONDITION <input type="checkbox"/> CONDENSER COIL <input type="checkbox"/> CLEAN COIL & CHECK FIN CONDITION <input type="checkbox"/> ENT. _____ °F <input type="checkbox"/> LVG. _____ °F <input type="checkbox"/> REFRIGERANT <input type="checkbox"/> LEAK <input type="checkbox"/> CHARGE <input type="checkbox"/> FAN AND MOTOR <input type="checkbox"/> VOLTS _____ AMPS <input type="checkbox"/> ELECTRICAL CONNECTIONS <input type="checkbox"/> CONTACTS TIGHT & CLEAN <input type="checkbox"/> FAN PULLEYS (ADJUST BELT) <input type="checkbox"/> CHK. LUB BEARINGS & MOTOR <input type="checkbox"/> EVAPORATOR COIL <input type="checkbox"/> CLEAN COIL & CHECK FAN <input type="checkbox"/> ENT DB _____ °F LVG. DB _____ °F <input type="checkbox"/> ENT WB _____ °F LVG. WB _____ °F <input type="checkbox"/> CONDENSATE AREAS <input type="checkbox"/> INSPECT & CLEAN DRAIN PAN <input type="checkbox"/> INSPECT & CLEAN DRAIN <input type="checkbox"/> AIR FILTERS <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED FILTER SIZE _____ <input type="checkbox"/> HEATING ASSEMBLY <input type="checkbox"/> BURNER & HEAT EXCHANGER <input type="checkbox"/> FUEL SUPPLY & PRESSURE <input type="checkbox"/> PILOT ASSEMBLY <input type="checkbox"/> FLAME ADJUSTMENT <input type="checkbox"/> PRIMARY RELAY & FLUE <input type="checkbox"/> FAN & LIMIT SWITCH OPER. <input type="checkbox"/> BLOWER ASSEMBLY <input type="checkbox"/> RV VALVE <input type="checkbox"/> STRIP HEAT <input type="checkbox"/> DEFROST CYCLE <input type="checkbox"/> ELECTRICAL COMP'TS. <input type="checkbox"/> RELAYS <input type="checkbox"/> CONTACTORS <input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS SWITCH <input type="checkbox"/> THERMOSTAT <input type="checkbox"/> O.K. <input type="checkbox"/> RELOCATE <input type="checkbox"/> REPLACE	MODEL	MODEL
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DIS CC#: _____ EXP: _____ CSC: _____ SIGNATURE: _____		SERIAL #	SERIAL #			
		UNIT <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	UNIT <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor			
NAME: _____ DATE: _____		MAKE	MAKE			
STREET: _____ TIME: _____		MODEL	MODEL			
CITY: _____ STATE: _____ ZIP: _____		SERIAL #	SERIAL #			
PHONE (HOME): _____ PHONE (WORK / CELL): _____						
EMAIL: _____						
TECHNICIAN: _____						
WORK TO BE PERFORMED: _____						
DESCRIPTION OF WORK						
CUSTOMIZE THIS FORM FOR YOUR BUSINESS!						
Try before you Buy!						
Save this form to email a test to your office.						
<input type="checkbox"/> OK FOR CONTRACTOR TO TAKE REPLACED PARTS.						
RECOMMENDATIONS	TERMS:	LIMITED WARRANTY: All material, parts, and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by YOUR COMPANY NAME is warranted for 30 days or as otherwise indicated in writing. YOUR COMPANY NAME makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of YOUR COMPANY NAME. <input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT				
	I have authority to order work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense and/or impose a 2% liquidation fee on the entire amount contained in the Seller/Buyer transaction. Any damage resulting from said removal shall not be the responsibility of Seller.	<i>Thank You</i>				
	X CUSTOMER SIGNATURE _____ DATE _____					
		TOTAL SUMMARY				
		UNIT PRICE				
		DIAGNOSTIC / SERVICE FEE				
		FLAT RATE REPAIR				
		TAX				
		TOTAL				