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VALUE
PRINTING

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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			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												
DRIVERS LIC#: _____			MODEL		MODEL														
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DIS			SERIAL #		SERIAL #														
CC#: _____			UNIT <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		UNIT <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor														
EXP: _____ CSC: _____			MAKE		MAKE		<input type="checkbox"/> TOTAL SUMMARY UNIT PRICE DIAGNOSTIC / SERVICE FEE FLAT RATE REPAIR TAX TOTAL												
SIGNATURE: _____			MODEL		MODEL														
NAME: _____ DATE: _____			SERIAL #		SERIAL #														
STREET: _____ TIME: _____			<table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="3" style="background-color: #004a87; color: white;">DESCRIPTION OF WORK</th> </tr> <tr> <td colspan="3" style="font-size: 1.5em; font-weight: bold;">CUSTOMIZE THIS FORM FOR YOUR BUSINESS!</td> </tr> <tr> <td colspan="3" style="font-size: 1.5em; font-weight: bold;">Try before you Buy!</td> </tr> <tr> <td colspan="3" style="font-size: 1.5em; font-weight: bold;">Save this form to email a test to your office.</td> </tr> </table>			DESCRIPTION OF WORK			CUSTOMIZE THIS FORM FOR YOUR BUSINESS!			Try before you Buy!			Save this form to email a test to your office.				
DESCRIPTION OF WORK																			
CUSTOMIZE THIS FORM FOR YOUR BUSINESS!																			
Try before you Buy!																			
Save this form to email a test to your office.																			
CITY: _____ STATE: _____ ZIP: _____			<input type="checkbox"/> OK FOR CONTRACTOR TO TAKE REPLACED PARTS.																
PHONE (HOME): _____ PHONE (WORK / CELL): _____			<table border="1" style="width: 100%;"> <tr> <th colspan="3" style="background-color: #004a87; color: white;">RECOMMENDATIONS</th> </tr> <tr> <td colspan="2" style="width: 30%;">TERMS:</td> <td></td> </tr> <tr> <td colspan="2"> 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. </td> <td> 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. </td> </tr> <tr> <td style="width: 50%; vertical-align: bottom;"> X _____ CUSTOMER SIGNATURE </td> <td style="width: 50%; vertical-align: bottom;"> _____ DATE </td> <td style="text-align: center; font-size: 1.5em; font-weight: bold; color: red;"> <i>Thank You</i> </td> </tr> </table>			RECOMMENDATIONS			TERMS:			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.		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.	X _____ CUSTOMER SIGNATURE	_____ DATE	<i>Thank You</i>		
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X _____ CUSTOMER SIGNATURE	_____ DATE	<i>Thank You</i>																	
EMAIL: _____			<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT																
TECHNICIAN: _____																			
WORK TO BE PERFORMED: _____																			