Larson

SERVICE FORM

Customer Information

Date	Customer Name	Phone
Address		City
Fax	Contact	Existing Customer? ☐ Yes ☐ New Customer

Equipment Information

Make	Model
Product Code	
Serial #	

Work To Be Performed	

Customer Authorization	Larson Authorization
Authorized by:	Larson Rep:
Print Name:	Technical Rep:
Title:	Job No.:
Customer P.O.#:	Date Received:
Date:	Authorized by:

I deem the product to be fitted correctly and in accordance to the fitting instructions available/supplied. I also acknowledge that no gross negligence of the product has occurred before or after installation. Every call-out will initially incur a fee of R400.00 with an additional charge of R250.00 per hour (or part thereof) if the call-out lasts longer than the first hour on site. Should it be determined that the issue is in fact a product fault, a credit will be passed for the entire call-out..

Signed: _____ Name: _____

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