



# JOHNSON MARCRAFT (JM)

## CUSTOMER SERVICE REQUEST FORM

### FIELD SERVICE REQUEST AND AUTHORIZATION



*To provide you with the highest quality of customer service, please complete and submit this form if needed.*

**Please copy this form as needed and FAX to 314-739-1556 ATTN: Customer Service.**

DATE _____	CONTACT INFORMATION _____	INCIDENT # _____
NAME _____	PHONE _____	
COMPANY _____	FAX _____	
ADDRESS _____		
CITY, STATE, ZIP _____	EMAIL _____	

At your request, JM has agreed to send a service representative to your job site to investigate and/or repair the referenced problem. We must have authorization for issuance and payment of our invoice for the service call. Invoices will be for actual expenses plus \$750.00 per day for each full or partial day spent by each service representative at the job site. If parts are covered by warranty in the sole determination of JM, there will be no charge for said parts, however, if parts are not covered under warranty these parts will be included on the invoice. Payment terms are Net 10 Days from the date of invoice. To expedite travel by our service representative to your job site, we require your authorization and purchase order # set forth below, which is given pursuant to the terms and conditions of sale set forth above and in Johnson MarCRAFT Order # \_\_\_\_\_.

Company Name \_\_\_\_\_ Authorized Person \_\_\_\_\_

Billing Address (If different than above) \_\_\_\_\_

Purchase Order # \_\_\_\_\_ Signature \_\_\_\_\_  
(WRITTEN PURCHASE ORDER MUST ACCOMPANY THIS FORM) (MUST BE LEGIBLE SIGNATURE)

SERVICE ORDER (TO BE COMPLETED BY TECHNICIAN)							
EMPLOYEE NAME	EMP #	DATE	TIME ARRIVED	TIME DEPARTED	TOTAL HOURS (SU or SERV)	TOTAL TRAVEL TIME	MEAL ALLOWANCE
		SUN-					
		MON-					
		TUES-					
		WED-					
		THURS-					
		FRI-					
		SAT-					
				TOTALS			
SERVICE PERFORMED (Use back if necessary)							
PARTS USED (Used back if necessary)							
QTY	PART #	DESCRIPTION		QTY	PART #	DESCRIPTION	
AIRFARE		CAR RENTAL		HOTEL		MISC CASH ADVANCE	MEAL ALLOWANCE
CUSTOMER SERVICE ADMINISTRATOR			DATE	CUSTOMER SIGNATURE			DATE
Signature				Signature			
Printed Name				Printed Name			