



Service Call Request Form

Please complete and fax to: 636-724-6448

Attention: Service Department

Company Information:

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Machine Type: _____ Serial Number: _____

Machine Type: _____ Serial Number: _____

Machine Type: _____ Serial Number: _____

Describe the Problem In Detail:

Parts Required for Service Call:

Part Number	Description	Quantity	Price Each	Total Price

Service Rates:

Labor*: **\$85.00 per hour**

After 5:00pm Friday and Weekends: **\$160 per hour**

Travel Time: **\$40.00 per hour**

Lodging/Airfare/Car Rental/Tolls: Based on actual expenses

*Labor charges do not apply for machines qualified to be within the terms of their warranty. All issues related to operator error are not covered under the warranty and are subject to normal labor rates. All travel expenses are customer's responsibility.

A company check or viable credit card must be issued to the technician upon completion of the requested service.

Customer's Acceptance:

Please Print Name: _____ Signature: _____

Internal Use Only:

Ordered By: _____ Date Received: _____

Approved By: _____ Date of Approval: _____

Status: _____

Midwest Distributors

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