YOUR COMPANY NAME HERE

STREET ADDRESS

CITY, STATE ZIP

PHONE 123-456-7890

No. 101

Ticket #:	Invoice #:	Auth. #:	Next Tune Up Date:	And Time:

Date:	Reason for Today's Call		
Technician:	Tech #	Call Type:	Dept.:
Time Dispatched:	Arrival Time:	Time Completed:	
Type:	Yr. Mfg.:	Type:	Yr. Mfg.:
Brand:		Brand:	
Model:		Model:	
Serial #:		Serial #:	
Water Heater: Brand	Model:	Serial #	

Customer			H. Phone
Address:			W. Phone
City		State	Zip
Work Performed Address:			

QTY.	CODE	DESCRIPTION	PRICE

Work Performed

RECOMMENDATIONS

SYSTEM MEASUREMENTS

HEATING UNIT		COOLING UNIT		EVAPORATOR	
RA Temp		High Pressure		TXV	Wet Bulb
Supply Temp		Low Pressure		Water Pressure	
Blwr Amps		Superheat		**REFRIGERANT**	
Flame Signal		RA Temp		Type	
Gas Pressure		Supply Temp		Ozs Added	
Filter Type		Subcooling		Ozs Recovered	
Filter Size		Cond Amps		Customer Advised of Leak	
Check Draft		EER	CD Temp	☐ Yes	☐ No

☐ CASH ☐ CHECK # _____ DRIVERS LIC # _____

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ OTHER

EXP. DATE _____ AUTHORIZATION CODE _____

NAME ON CARD

TOTAL FLAT RATE REPAIR	
TRIP & DIAGNOSIS SERVICE CHARGE	
SUB TOTAL	
GOLD AGREEMENT	
TAX	
TOTAL DUE	

WORK AUTHORIZATION

WORK COMPLETED

TECHNICIAN'S SIGNATURE

Thank You!

All of us at **Your Company** value the opportunity to serve you.

Reorder Product # 6826 from • 1-800-252-4011 • © Copyright. CROWNMAX