



REQUEST FOR SERVICE CALL

Phone: 814-724-6278

Fax: 814-724-6287

Customer Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

ChipBLASTER Model: _____

Customer Machine Model: _____

ChipBLASTER Serial Number: _____

Customer Purchase Order Number: _____

Warranty: _____

Non-Warranty: _____ (please check one)

Problems to resolve:

Tentative date of Service requested _____

I agree the service being arranged by ChipBLASTER is for the reason(s) listed above and the machine will be made available to ChipBLASTER personnel upon their arrival and for the duration of the time required to correct the above listed problem(s). Any delays caused by _____ will be billable at the rate of \$90/hour. All non-warranty service calls will be billed at the rate of \$90.00/hour labor, \$75.00/hour travel.

Print Name: _____

Signed by: _____

Title: _____

Date: _____