



**GENUINE DEALERS
USE GENUINE PARTS**

SERVICE ORDER

NO.

DATE IN	DATE PROMISED
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NAME		ENGINE MODEL NO.	EQUIPMENT MANUFACTURER
ADDRESS		TYPE OR SPEC NO.	TYPE OF EQUIPMENT
CITY/STATE/ZIP		SERIAL/CODE NO.	EQUIPMENT MODEL NO.
DEALER TO PICKUP/DELIVER <input type="checkbox"/>	PHONE - DAY	PHONE - EVENING	EQUIPMENT SERIAL NO.
CUST. NOTIFIED <input type="checkbox"/> DATE	EMAIL ADDRESS	DATE/TIME	DATE OF PURCHASE

SERVICE CHECKLIST

AIR FILTER: PRESENT?	CONDITION: CLEAN <input type="radio"/> DIRTY <input type="radio"/> DAMAGED <input type="radio"/>	OVERALL MACHINE CONDITION:
BLADE CONDITION:	OIL LEVEL: CONDITION: FRESH <input type="radio"/> USED <input type="radio"/> DARK <input type="radio"/> BURNT <input type="radio"/>	
FUEL CONDITION: FRESH <input type="radio"/> STALE <input type="radio"/> RANCID <input type="radio"/> AGE:	COOLING FINS CONDITION: CLEAN <input type="radio"/> DIRTY <input type="radio"/> CLOGGED <input type="radio"/>	
REPAIR AS NEEDED <input type="checkbox"/>	TUNE-UP: MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/>	CHECK COMPRESSION <input type="checkbox"/>
DIAGNOSE & CALL WITH ESTIMATE <input type="checkbox"/>	CHANGE ENGINE OIL <input type="checkbox"/>	CHECK CARBURETION <input type="checkbox"/>
WARRANTY INSPECTION <input type="checkbox"/>	SHARPEN BLADE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR STARTER <input type="checkbox"/>	CHECK IGNITION <input type="checkbox"/>	<input type="checkbox"/>

CUSTOMER COMMENTS:

WORK PERFORMED:

					SUMMARY	
QTY.	PART NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT	PARTS	
					LABOR	
					PICKUP/DELIVERY	
					SHOP SUPPLIES/ ENVIRON. FEES	
					GAS & OIL	
					FREIGHT	
					SUBTOTAL	
					TAX	
					TOTAL	
					IMPORTANT - PLEASE NOTE	
					While the manufacturer may warrant the goods sold to the customer, we make no warranties, express or implied, including any implied warranties of merchantability or fitness, with respect to such goods.	
					Not responsible for loss or damage in case of fire, theft or any other cause beyond our control.	
					I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the unit as necessary for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above unit to secure the amount of repairs thereto.	
				TOTAL		

I FULLY UNDERSTAND THE PURPOSES OF THE SAFETY DEVICES ON THIS EQUIPMENT AND SPECIFICALLY REQUEST THAT THEY NOT BE REPAIRED OR REPLACED, AND I ASSUME RESPONSIBILITY FOR AND HOLD YOU HARMLESS FROM ANY INJURY TO ANYONE THAT MAY RESULT THEREFROM.

X _____
AUTHORIZED SIGNATURE

X _____
AUTHORIZED SIGNATURE

PLEASE REFER TO CLAIM NO. WHEN INQUIRING ABOUT SERVICE.

CLAIM NO.

SERVICE I.D. TAG