

ALL GENERAL WHITEGOODS SERVICE

BLAIRSON PTY LTD - ABN 44 004 006 179

4/11 Hallstrom Place

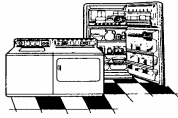
PO Box 6098

WETHERILL PARK NSW 2164

Telephone: (02) 8788 8666

Facsimile: (02) 9756 1091

Email: service@agw.com.au



SERVICE ORDER FORM

This form **MUST** be completed entirely, to enable us to schedule your service call.

Attention: _____ / ____/20

Fax No. _____

ORDER NO. _____

1. CHARGE TO	
Business Name :	ABN :
Trading Name :	
Type of Business :	
Contact Name :	Position Held :
Mailing Address :	
Post Code :	
Accounts Payable Email :	Post Code :
Telephone :	Contact Email Address :
2. DELIVER TO / SERVICE FOR	
Contact Name :	
Service Address :	
Post Code :	
Telephone :	Mobile :
3. UNIT DETAILS	
Type of Product :	Make / Brand of Product :
Model No. :	Serial No. : (if known)
Date of Purchase : ___/___/___	
Fault / Problem Occurring :	
Special Instructions :	Quote if Repairs Exceed \$500 : Yes <input type="checkbox"/> No <input type="checkbox"/>

SERVICE CHARGES (Includes GST)

Service Call: Air Conditioners = \$176.00 (Incl 1st 30min labour) | All Other Appliances = \$99.00 (Labour not included)

Labour: \$22.00 charged per every ten (10) minutes **Parts:** Recommended Retail Price

Not at Home Fee: \$44.00 (All customer's with mobile phone's will be sent an SMS with approx time of call before 8am on day of service, otherwise customer is to call after 8am for approx time, if customer unavailable at time our Technician arrives a fee of \$44.00 will apply and must be paid before any further repairs carried out).

Out of Area Fee: Different fees apply to some areas, should you wish to confirm if this fee will apply to you & charge rate, please contact our office.

Manufacturer's Warranty: Proof of purchase MUST be faxed with this form or sighted by our Technician

Extended Warranty: Authorisation from Extended Warranty provider to be faxed to AGWS prior to scheduling service call

TERMS & CONDITIONS	OFFICE USE
<p>By completing this form, AGWS will allow a credit period of seven (7) days only. Therefore, payment must be forwarded to our office within seven (7) days from the date of receiving our invoice. If the full balance of the account is not settled within this credit period, a \$27.50 accounting fee will be incurred + any other debt recovery or legal fees will also combine to form part of the initial debt.</p> <p>I believe all entries on this form are true & I agree with the Terms & Conditions stated above.</p> <p>Director's Signature : _____</p> <p>Director's Full Name : _____</p>	<p>Scheduled By : _____</p> <p>Date Booked : ___/___/20__ Van No. _____</p> <p>Job No. : _____</p> <p>Accepted <input type="checkbox"/> In-Complete <input type="checkbox"/> Bad Debt <input type="checkbox"/></p>