Access Technologies P.O.Box 852845, Richardson, TX 75085-2845

CUSTOMER WORK ORDER

REQUIRED CUSTOMER INFORMATION (TO BE FILLED OUT BY CUSTOMER ONLY)

DATE	TIME			
NAME				
DAY PHONE	HOME PHONE e Numbers Accepted (0		ELL PHONE Imbers).	
STREET ADDRESS		CITY	STATE	_ZIP

*No P.O. Box Numbers for Addresses Accepted (Only Physical Addresses).

INSTRUCTIONS FOR FILLING OUT JOB DESCRIPTION- 1) Read Terms and Conditions which can be downloaded from http://accesstechnologies.biz or requested from an Access Technologies representative. By completing this work order and submitting your equipment for service by Access Technologies you are agreeing to the conditions of the Terms and Conditions prior to getting the service performed. 2) Print Legibly a description of the work to be done or problem to be repaired below for each item that you wish to be performed. The technician will only give attention to the items that you list here unless he determines at his discretion that other items need attention in order to complete the job. Changes to the job description by other means such as through other conversations, phone calls, texts, or emails will not be accepted.

PRINT LEGIBLY each item in detail. Use additional sheet(s) if needed- please indicate the number of attached sheets in this section and initial this sheet and all other sheets to be attached.

Job Description (*is required and must be filled out by customer only***):**

CUSTOMER AUTHORIZATION SIGNATURE:

I have read, understand, and agree with the Access Technologies Terms and Conditions. I have listed the items that are to be serviced on my equipment and I am authorizing the service work to be performed.

Signed_____