

# ELITE Service Form



email: sales@gvdirect.com | fax: 519.740.3276  
1.877.526.6848 **gvdirect.com**

Customer : \_\_\_\_\_  
Address : \_\_\_\_\_  
Address : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact : \_\_\_\_\_  
Phone : \_\_\_\_\_

Bill To : \_\_\_\_\_  
Address : \_\_\_\_\_  
Address : \_\_\_\_\_  
Address : \_\_\_\_\_  
Contact : \_\_\_\_\_  
Phone : \_\_\_\_\_

Equipment Type :	Model :	Serial No :
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Description of Problem : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Repairs : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts Required : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date :	Time In : Time Out :	Labour Hrs : @ \$ : Per Hour	Mileage :	Parking Total :
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I hereby acknowledge the satisfactory completion of the above. Please sign below.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Technician Signature