



**Professional
Video & Tape, Inc.**

10240 SW Nimbus Avenue, Bldg N, Suite L-11
Tigard, Oregon 97223 (503) 598-7500 Fax (503) 598-7460

Service Shop Check In Form

☐ **Regular Service**

- \$100 per hour
- Standard Repair Queue
- 1 Hour min, or estimate charge

☐ **Priority Service**

- \$200 per Hour
- Priority Repair Queue
- \$200 minimum or Estimate Charge

☐ **Warranty Service**

Purchase Date: _____ Dealer: _____

- Proof of purchase is customer's responsibility. All repairs must be billed to customer until warranty status is verified.

Name or
Company _____

Address _____

City _____ State _____ Zip _____ - _____

Billing Address (if different) _____

Phone # (____) _____ - _____ Fax # (____) _____ - _____ Cell# (____) _____ - _____

Contact Name _____ Email _____

Type of Unit _____ Brand _____

Model # _____ Serial # _____

Service Required _____

Working Estimate: \$ _____

(How much will customer authorize before he needs to be contacted for further authorization. Usually \$200, minimum \$100 unless verified warranty).

Instructions: *Fill out this form and have customer sign it. Make two photocopies, give one to customer for a claim check, file one as your record, attach the original to the unit and send it to the Portland repair shop.*

I have authorized repair on the above unit and accept responsibility for the charges specified, including the estimate fee. I understand that any estimate given unless otherwise stated is not a bid or a contract but a good faith evaluation of charges and may be subject to revision.

Authorized Signature

Date