Your shop's name, address and phone number

REPAIR TICKET

Ticket no. _____

Date _____

CUSTOMER

Name _____ Phone _____

Email _____

ITEM

Type _____ Brand _____

Model _____ Serial no. _____

CONDITION WHEN RECEIVED

☐ Scratches ☐ Dents ☐ Cracks ☐ Liquid damage

☐ Parts missing

_____

_____

LEFT WITH THE ITEM

_____

_____

_____

THE PROBLEM, IN THE CUSTOMER'S WORDS

_____

_____

_____

ESTIMATE

Parts $ _____

Labor $ _____

Tax $ _____

Total $ _____

AGREED

Call me if it will cost more than $ _____

Deposit paid $ _____

Balance due $ _____

Date promised _____

TERMS

Write your own: how long you hold an item after it is ready, that an estimate may change once the item is opened, and what you are not responsible for.

_____

_____

Customer's signature _____ Date _____

Cut here. Give this part to the customer. ----------

CLAIM STUB

Ticket no. _____ Item _____

Date promised _____ Shop phone _____

Bring this stub when you collect your item.