

Service Authorization

This form is an official authorization and request for service response by Accurate Power and Technology, Inc.

| Provide completed Service Authorization To: | | | |
|--|---------------|---|---|
| Name: | Sonny Dukes | Fax: (352) 609-5165 | Email: Sonny@accuratepowerandtechnology.com |
| Service Requested By: | | | |
| Name: | | Date of Request: | |
| Phone: | | Fax: | Email: |
| Service Location Information: | | | |
| Company: | City: | State: | |
| Address: | Zip: | Phone: | |
| Site Contact: | Email: | | |
| Bill To Information (if different than Service Location) | | | |
| Company: | City: | State: | |
| Address: | Zip: | | |
| Attention: | | | Phone: |
| Tax Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes | | Purchase Order PO: _____ | |
| | | If not included with request, please explain: | |
| If Paying by Credit Card - Cardholder will be contacted for credit card info: | | | |
| Cardholder's Name: | | Phone: | |
| Credit card receipt will be emailed to (email): | | | |
| Equipment Requiring Service: | | | |
| Catalog #: | | Serial #: | |
| Requested Date of Service: | | Requested time of Service: | |
| Reason for Service Request: | | | |
| I understand that this service call is performed pursuant to Accurate Power and Technology, Inc. standard terms and conditions (attached). These will apply to this request and supersede all others now or attached to a subsequent Purchase Order. Services provided may be chargeable, if not warranty in nature or covered by a Service Agreement and therefore, agree payment will be processed according to said terms and conditions unless a separate agreement exists Accurate Power and Technology, Inc. shall be issued within thirty days of receipt of invoice. | | | |
| Name: | Company Name: | | |
| Signature: | | Date: | |