

Date	S.O. No.
1/9/2019	

Name / Address

Ship To

P.O. No.	Ship Via	Ship Date	Due Date	FOB	Terms
		1/9/2019	1/9/2019		

Item	Description	Ordered	Rate	Amount

Requesting Agent:	Serial No.:	Customer Serial No.:	Warranty Consideration: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Customer Complaint:

Type of Inspection Requested:

Visual Inspection: Fee: \$ FREE ***DEFAULT INSPECTION TYPE***

Detailed Inspection: Fee: \$ Varies

Warranty Consideration Request:

Please note: If above information is not provided, the request for warranty will be denied and the default visual inspection performed.

OFFICE/WAREHOUSE USE ONLY:	Total	\$0.00
Notes:		