

# SERVICE ORDER FORM

DATE: \_\_\_\_\_



**Small Business Computer Services**  
 409 East Jackson  
 Harlingen, Texas 78550  
 (956) 421-3279 FAX (956) 421-3177

|   |
|---|
| <input type="checkbox"/> Windows <input type="checkbox"/> Mac <input type="checkbox"/> Software<br><input type="checkbox"/> Networking <input type="checkbox"/> Phone Support |
| <b>Name of Company:</b>   |
| <b>Address:</b>   |
| <b>City/ST/Zip</b>  |
| <b>Phone:</b>   |
| <b>Fax:</b>   |

Contact Person \_\_\_\_\_

Order Taken by \_\_\_\_\_

|                      |                       |
|----------------------|-----------------------|
| <b>Date Started:</b> | <b>Date Finished:</b> |
|                      |                       |

**Problems Reported:**

**DESCRIPTION**

| Hours | Rate | Problem | DATE | TOTAL |
|-------|------|---------|------|-------|
|       |      |         |      |       |
|       |      |         |      |       |
|       |      |         |      |       |
|       |      |         |      |       |
|       |      |         |      |       |

**PARTS REPLACED**

| Qty | Part # | Description | Sales Price | Total |
|-----|--------|-------------|-------------|-------|
|     |        |             |             |       |
|     |        |             |             |       |
|     |        |             |             |       |
|     |        |             |             |       |
|     |        |             |             |       |

|   |                   |  |
|---|-------------------|--|
| Comments: _____<br><br>_____<br><br>_____<br><br>Signature: _____ | LABOR             |  |
|   | Shipping          |  |
|   | Parts             |  |
|   | Misc              |  |
|   | Sub-Total         |  |
|   | TAX =             |  |
| Date: _____   | <b>Total Cost</b> |  |