



Customer Service Report

SV-118D

P.O. Box 151 - Webb City, MO 64870 - (417)673-4631

This form must be completed and submitted with any charges for warranty service. Mail the white and yellow copies with your warranty invoice.

Date: _____

Reporting Company: _____

Customer Name: _____

Address: _____

Address: _____

City, State: _____ Zip: _____

City, State: _____ Zip: _____

Model No. of Scale _____ _____	Sales Order No. of Scale _____ _____
--------------------------------------	--

Submitted By _____

WARRANTY INFORMATION

Date Installed _____	Date Problem Found _____	Date Service Performed _____
Service Man _____	Date(s) Factory Contacted _____	Factory Personnel Contacted _____
# of Service Hours _____	# of Trips Required _____	# of Your Warranty Invoice to Us _____
# of Travel Hours _____	Mileage _____	Amount _____

Description of Problem:

Action Taken:

ITEMS RETURNED

For Credit:

Replacement

Qty.	Description	Check & Repair	For Credit:			Replacement	
			Unused	Warranty	Board Exchange	Under Warranty	Board Exchange

Was a replacement required? Yes No If YES, has it been ordered? No Yes, on Order #: _____

Return Authorization #: _____