



Atlas Audio Repair

WORK ORDER

Name:

Address:

Telephone:

Date:

e-mail:

Fax:

**THIS WORK ORDER MUST ACCOMPANY YOUR ITEM FOR REPAIR.
DO NOT SEND SEPARATELY.**

Item Name

Model

Serial #

Malfunction Symptoms:

Special Instructions:

Condition of Item:

Requested Service:

The estimate is based on visual inspection of the item and average repair for similar equipment. The final estimate may vary during repair due to unusual circumstances and uncommon qualities of the individual equipment.

This work order serves as a contract between Atlas Audio Repair and the above listed customer.

Customer Signature: _____

Ship to: Atlas Audio Repair, 4753 Liberty Avenue, Pittsburgh, PA 15224.
Phone: 412-681-2092. www.atlasaudiorepair.com