

SALTRONIX, INC. Industrial Service Center	1401 E. 2 nd St. Odessa, TX 79761-5454 www.saltronix.com	Ph: (432) 334-6002 Fax: (432) 334-6011
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RUSH JOB

No Estimates Given. Repairs performed as needed.

Equipment Check-In Form

Date: _____	PO # _____
Bill To	Ship To <input type="checkbox"/> Billing Same as Shipping
Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____ Email: _____	Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Automatically insured for value of unit and service. Decline Insurance of Equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No

Rush Fees are in addition to the regular certification price. These are charged PASS or FAIL and are nonrefundable. <p style="text-align: center; font-weight: bold;"> 24hr - \$350/per unit 48hr - \$250/per unit (Priority Pickup Before 10AM – \$100 per unit) </p>	Select Rush Service Turnaround: <p style="text-align: center; font-weight: bold;">24hr / 48hr / Priority</p> Date / Time Promised: _____ Notes: _____ Completed By: _____
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Unit	Separate Pickup	<input type="checkbox"/>
1. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <div style="text-align: center;"> <input type="checkbox"/> Repair <input type="checkbox"/> Certification </div>	Date: _____/_____/26 Name: _____ Initials: _____	<input type="checkbox"/>
2. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <div style="text-align: center;"> <input type="checkbox"/> Repair <input type="checkbox"/> Certification </div>	Date: _____/_____/26 Name: _____ Initials: _____	<input type="checkbox"/>
3. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <div style="text-align: center;"> <input type="checkbox"/> Repair <input type="checkbox"/> Certification </div>	Date: _____/_____/26 Name: _____ Initials: _____	<input type="checkbox"/>
4. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____ Notes: _____ Accessories: _____ <div style="text-align: center;"> <input type="checkbox"/> Repair <input type="checkbox"/> Certification </div>	Date: _____/_____/26 Name: _____ Initials: _____	<input type="checkbox"/>

Total Units: _____
 Page _____ of _____

Sign: _____
 Print: _____

<p>5. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>6. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>7. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>8. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>9. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>10. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>11. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>12. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>13. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>
<p>14. Mfr: _____ Model: _____ SN: _____ 2nd Unit - Model : _____ SN: _____</p> <p>Notes: _____ Accessories: _____</p> <p style="text-align: center;"><input type="checkbox"/> Repair <input type="checkbox"/> Certification</p>	<p>Date: _____/_____/26 Name: _____ Initials: _____</p>	<input type="checkbox"/>