

**Request for on site Service. Fill out and Fax back to 704 528-8271**

Vision Technology Company  
153 Driftwood Cove Dr.  
Troutman, NC 28166

Phone: 704-528-8265  
Fax: 704-528-8271  
Website: www.visionnc.net

Date: \_\_\_\_\_

Customer Phone: \_\_\_\_\_

From: \_\_\_\_\_

Customer Fax: \_\_\_\_\_

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This is a request for service to be performed with the understanding that the final charges will not be known until the work is complete. Payment is required upon completion unless previously arranged in writing. Please complete and fax back. Fax: 704-528-8271

Equipment Location:  
Company Name \_\_\_\_\_

Invoice Address:  
Company Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Not to Exceed: \$ \_\_\_\_\_

Machine Serial Number #: \_\_\_\_\_

Machine Make: \_\_\_\_\_

Model: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

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Authorized By: \_\_\_\_\_

Signature: \_\_\_\_\_

Requested Date of Service: \_\_\_\_\_

\* If warranty repair for a Vision Machine, P.O. is still required if case is found to be not covered by warranty.