



SERVICES & EQUIPMENT, INC.

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Attn: Service Department  
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## Equipment Repair / Service Form

Customer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Brand: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ref. No: \_\_\_\_\_  
 Fax: \_\_\_\_\_ PO No: \_\_\_\_\_  
 Email: \_\_\_\_\_

Ship To Address: \_\_\_\_\_  
 \_\_\_\_\_

Bill To Address: \_\_\_\_\_  
 \_\_\_\_\_

Customer Specifics: \_\_\_\_\_  
 \_\_\_\_\_

Tag Number (s): \_\_\_\_\_

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

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

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

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

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

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 Date Received/Carrier: \_\_\_\_\_ / \_\_\_\_\_

Date Service Dept Quoted: \_\_\_\_\_

Date Quoted to Customer: \_\_\_\_\_

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

Technician Initials: \_\_\_\_\_ Estimated Turnaround in Days: \_\_\_\_\_