YOUR COMPANY NAME HERE
STREET ADDRESS
CITY, STATE ZIP
PHONE 123-456-7890

No. 101

Ticket #:	Invoice #:	Auth. #:	Next Tue Up Date:	And Time:

Date:	Reason for Today's Call	Customer	H. Phone
Technician:	Tech # / Call Type: / Dept.:	Address:	W. Phone
Time Dispatched:	Arrival Time: / Time Completed:	City / State / Zip	
Type: / Yr. Mfg.:	Type: / Yr. Mfg.:	Work Performed Address:	
Brand:	Brand:		
Model:	Model:		
Serial #:	Serial #:		
Water Heater: Brand / Model: / Serial #			

Work Performed

RECOMMENDATIONS

SYSTEM MEASUREMENTS

HEATING UNIT		COOLING UNIT		EVAPORATOR	
RA Temp		High Pressure		TXV	Wet Bulb
Supply Temp		Low Pressure		Water Pressure	
Blwr Amps		Superheat		**REFRIGERANT**	
Flame Signal		RA Temp		Type	
Gas Pressure		Supply Temp		Ozs Added	
Filter Type		Subcooling		Ozs Recovered	
Filter Size		Cond Amps		Customer Advised of Leak	
Check Draft		EER	CD Temp	☐ Yes ☐ No	

QTY.	CODE	DESCRIPTION	PRICE

CROWNMAX SAMPLE

☐ CASH ☐ CHECK #_____ DRIVERS LIC # _____
☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ OTHER

EXP. DATE _____ AUTHORIZATION CODE _____

NAME ON CARD

TOTAL FLAT RATE REPAIR	
TRIP & DIAGNOSIS SERVICE CHARGE	
SUB TOTAL	
GOLD AGREEMENT	
TAX	
TOTAL DUE	

WORK AUTHORIZATION

WORK COMPLETER

TECHNICIAN'S SIGNATURE

Thank You!

All of us at **Your Company** value the opportunity to serve you. See reverse side for Terms.

Product # 6825 • Reorder from CROWNMAX • 1-800-252-4011