

Work Order Form



Work Order#: _____ (completed by Protec)

Please fill out all applicable areas on this form. Missing information may result in delayed processing, refused shipment, and or additional charges. **Do not return equipment without completing a work order form.**

Customer Contact Information		
Company Name: _____		
Technical Contact: _____	Phone: _____	Email: _____
Estimate Contact: _____	Phone: _____	Email: _____

Where will the repaired materials be returned?	
Receiving contact: _____	Phone: _____ Email: _____
Street address / City / State / Zip: _____	
Carrier (indicate account # if collect): <input type="checkbox"/> UPS _____ <input type="checkbox"/> FedEx _____ <input type="checkbox"/> DHL _____ <input type="checkbox"/> Other _____	Priority: <input type="checkbox"/> Priority Overnight <input type="checkbox"/> Standard Overnight <input type="checkbox"/> Ground <input type="checkbox"/> Other _____

Billing Information	
Payment Method: <input type="checkbox"/> Call for credit card information <input type="checkbox"/> Purchase order _____ <input type="checkbox"/> Invoice directly to: _____	<input type="checkbox"/> Same as shipping address Billing address: Street Address: City/State/Zip:

Return Material Details	
Equipment being returned for: <input type="checkbox"/> Calibration <input type="checkbox"/> Repair Manufacturer _____ Model # _____ SN: _____	Included Accessories: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Description of Problem / Desired Action

Return Material Details	
Equipment being returned for: <input type="checkbox"/> Calibration <input type="checkbox"/> Repair Manufacturer _____ Model # _____ SN: _____	Included Accessories: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Description of Problem / Desired Action

Once material is received by Protec, an estimate will be sent to the 'estimate contact' above. Calibration turn-around time is 5 business days. Unless specifically requested otherwise, send all authorized returns to:

Protec Equipment Resources, Inc.
Attn: Work Order# _____
1517 West Carrier Pkwy, Suite 116
Grand Prairie, TX, 75050

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action

If more equipment fields are required please fill multiple forms and submit together.

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

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Description of Problem / Desired Action

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action

Return Material Details

Equipment being returned for:

Calibration Repair

Manufacturer _____

Model # _____ SN: _____

Included Accessories:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Description of Problem / Desired Action