

p. 1

CSA Example

METTLER TOLEDO

☐ ISO 9001 ☐ ISO 17025

800-523-5123

Customer Service Acknowledgement

REQUIRED INFORMATION		Complete <input checked="checked" type="checkbox"/>
Service Order No. 512345	Seq. No.	Incomplete <input type="checkbox"/>

Customer ABC Company		Customer Authorization Customer acknowledges and agrees that the service of this equipment, and any replacement or additional parts or components to be provided hereunder, is subject to the Standard Terms and Conditions on the reverse side.			
Address 123 Main St.		Joe Smith		JS	
City Toronto		State/Prov. ON		Zip/Postal Code A1A 1A1	
P.O. No. 123456		Customer Name (Please Print)		Customer Initials	
Contact/Department/Phone No. Joe Smith / Shipping / 905-123-4567		Office No. R <input type="checkbox"/> I <input checked="" type="checkbox"/>		Vehicle No./Miles/KM 123457 / 70 km	
Problem Found E8 Error.		Rental <input type="checkbox"/>		<input checked="" type="checkbox"/> Heavy Capacity	
		Warranty <input type="checkbox"/>		Installation <input type="checkbox"/>	
		Other <input type="checkbox"/>		Inspection <input type="checkbox"/>	
		Date 4/4/6		Start 8:00	
				Stop 14:30	

Service Performed	
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Replaced load cell

If the device has broken calibration seals, or accuracy is suspected, you must complete a calibration report and seal the device.

Ref.	Model/RAM	Serial No./Date Code/Install Date	Start Time	Stop Time	Cause Code	Repair Code	Task Code	STORE STAMP
a	7560	1234567-8BB	8:30	14:00	100	108	154	Tech 123457 (2nd tech)
b	"	"	8:30	14:00				
c								
d								
e								

[illegible]

Payment Information					
<input type="checkbox"/> COD	<input type="checkbox"/> Check No.: _____	<input type="checkbox"/> GOD	<input type="checkbox"/> FLAT RATE	<input type="checkbox"/> INTERCOMPANY	
Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX		<input type="checkbox"/> PREPAID	<input checked="" type="checkbox"/> CALL BACK		\$597.00 B
Card No.: _____		CH3	Zone/1st Hr. Call Charge	<input checked="" type="checkbox"/> Reg	#850.00 B
Name: _____			Regular Labor	Hrs. @ 85 /Hr.	
Exp. Date: _____ Amount: _____			Overtime Labor	Hrs. @ /Hr.	
				Hrs. @ /Hr.	
This service has been performed to meet customer requirements			Tools/Truck Charge	KM/Miles @	
X (Signature)			Misc./Shop		
Customer's Authorized Signature			S & H		
Joe Smith		CST	Flat Rate 2nd tech		125.00 B
Please Print Authorized Name					Subtotal 3,420.10 B
Rm Rm	123456				Tax 1
Technician's Signature	Technician No.	<input type="checkbox"/> CLOSED BY PHONE			Tax 2
		<input checked="" type="checkbox"/> FAXED	<input type="checkbox"/> PROCESSED	<input type="checkbox"/> SCANNED	Total Amount Due

VF0011IR.r02

"Quality Service Solutions"

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