

# R & B Commercial Service Inc.

P.O. Box 36378

Albuquerque, NM 87176

(505) 889-4090 / (505) 889-3845 fax

## REQUEST for SERVICE

Client wishes to hire R & B Commercial Service Inc. (R & B), an Independent Service provider, to perform repair and/or do installation service on my behalf. Client acknowledges responsibility for payment in full upon completion of work. No credit terms have been extended to the Client by R & B. The Client authorizes a truck charge of \$30.00 plus 1 hour labor at \$88.00 for a minimum of charge \$118.00. Additional time will be charged at \$88.00/hr in 1/4 hour increments up to a maximum charge of \$400.00. R & B will provide written estimates for repairs over \$400.00 if requested. In the event the Client chooses not to allow R & B to complete the estimated repair, the Client is responsible for the diagnostic charges. **Client acknowledges that R & B does not provide "Free estimates"**.

**Warranty Repair Policy:** R & B will seek warranty reimbursement on behalf of the owner of the equipment from the manufacturer of the equipment. Client acknowledges that all warranties are an agreement between the owner of the equipment and the manufacturer. If the manufacturer declines warranty payment to R & B, Client accepts responsibility for all charges by R & B for the repair or installation work performed.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*New Mexico Resale Certificate Number: \_\_\_\_\_

\*Legal Name (Taxpayer Name): \_\_\_\_\_

\***Signature:** \_\_\_\_\_ Printed Name: \_\_\_\_\_

\*Employment Position with service location: \_\_\_\_\_

**Credit card information is required to guarantee payment. We will accept cash or check in lieu of credit card payment when service is complete.**

\*Name on credit card: \_\_\_\_\_

\*Card Type: \_\_\_\_\_ \*Exp date: \_\_\_\_\_

(MASTERCARD, VISA, AMERICAN EXPRESS, OR DISCOVER)

\*Card Number: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**\*MUST BE COMPLETED Please fax to us at 505-889-3845 when completed.**