

300 S. 24TH ST. W.
BILLINGS, MT 59102
(406) 656-9220

DATE _____

NAME _____

EDWARD J. RISTEN

ADDRESS

1506 GEEVESTON Dr

PHONE

DATE PROMISED

Ries

107

156-7359

MAKE

MODEL NO.

SERIAL NO

DATE OF ORIGINAL INSTALLATION

TROUBLE REPORTED

TRIGGER DISCHARGE WHEN
TAKING OF SAFE

☐ ESTIMATE ☐ CASH☐ WARRANTY ☐ CHARGE

☐ CONTRACT ☐ C.O.D.

COMMENTS:

TOTAL MATERIALS

TECHNICAL SERVICE TIME ☐ SHOP ☐ HOME

☐ PICK UP OR DELIVER ☐ SERVICE CALL CHARGE

TECHNICIAN

DATE COMPLETED

TAX

SIGNATURE

TOTAL

Signature above constitutes acceptance of above work as being satisfactory - and that equipment has been left in good condition.

Thank You

INVOICE

IDENTIFICATION TAG

DATE PROMISED

7648