

Custom Cellular Concepts Corp.

18019 Skypark Circle, Suite E ~ Irvine, California 92614

(949) 250-7878 ~ Fax (949) 250-8033 ~ WWW.CUSTOMCELLULAR.COM

COMPANY _____	WORK PERFORMED _____
CONTACT NAME _____	
BILLING ADDRESS _____	
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	
HOME PHONE () _____ - _____ BUS. PHONE () _____ - _____	

APPT. TIME	APPT. DATE	TECH	<input type="checkbox"/> FIELD <input type="checkbox"/> IN HOUSE	CARRIER	DATE SENT	CLAIM/RMA	WHERE SENT	TRACKING	LABEL TO	MANUFAC.
MANUFACTURER	MODEL	SERIAL #			TECHNICIAN	TIME SPENT	MILES	TRACKING LABEL- CUSTOMER		
VEHICLE MAKE	VIN #				PART #	DESCRIPTION	QUANTITY	CUSTOMER	WARRENTY PROVIDER	
MOBILE # 1	ESN		LOCK CODE							
MOBILE # 2	ESN		LOCK CODE							

NATURE OF SERVICE _____

AC CHARGER ANTENNA BATTERY CASE CLA
OTHER _____

I hereby authorize the repair work to be done along with the necessary material and agree that you are not responsible for articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or items left longer than 30 days. I remain responsible for cellular service including calls necessary for proper testing and evaluation. I also understand payment is due when service rendered and equipment may be held in lieu of payment.

I have received all cellular equipment including accessories in satisfactory working order. The automobile is also in the same working condition as before.

SIGNATURE _____
DATE _____

PARTS		
LABOR		
TRAVEL		
SHIPPING		
SUB TOTAL		
TAX		
TOTAL		

CASH CHECK CREDIT CARD C.O.D

BILL TO NAME _____
SHIP TO ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____
PLEASE LEAVE KEY WITH TECHNICIAN