

Service Requisition

PLEASE BE CLEAR AND CONCISE AS STODDARD'S CAN NOT BE RESPONSIBLE FOR LACK OF OR MIS-INFORMATION LEADING TO UNNECESSARY TRIP CHARGES

Your Name: _____ Phone No.: _____

Company: _____

Billing Address: _____ Suite: _____

City/State/Zip: _____

Customer/Tenant Name: _____

Contact Name: _____ Phone No.: _____

Address: _____ Suite: _____

City: _____ Cross Street(s): _____

Hours of Business: _____ Is Security Access Needed: Yes No

If security access is needed who will obtain access?: _____

Property Management Company: _____

Contact Name: _____ Phone No.: _____

Location of work (**where at the site is it located i.e. who's office**): _____

Description of item(s) in need of repair:

Qty	Qty
<input type="checkbox"/> Chair..... _____	<input type="checkbox"/> Credenza_____
<input type="checkbox"/> Desk..... _____	<input type="checkbox"/> Reception Counter_____
<input type="checkbox"/> Return ... _____	<input type="checkbox"/> Built-in wall unit_____
<input type="checkbox"/> Door _____	<input type="checkbox"/> Conference table_____
<input type="checkbox"/> Other: _____	

Description of problem:

Scratch/Nick
 Gouge
 Loose joint(s)
 Broken part – what part?: _____
 Other: _____

*** Location of damage **on item(s)**: _____

I hereby authorize Stoddard's to perform the work as listed above. Stoddard's will coordinate scheduling directly with the customer/tenant unless otherwise instructed by us. I further understand and agree to pay Stoddard's for the cost of these services, which unless otherwise notified, will be the minimum service fee currently in effect.

Terms are net 30 from date of invoice. 1.5% per month finance fee is applied to balances over 30 days (18% per year) along with any legal or collection fees incurred by Stoddard's due to non-payment.

 Signature

 Print Name