

Service Request Form

Make & Model	Serial Number	Problem Encountered	Need Estimate?	
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>
			Y <input type="checkbox"/>	N <input type="checkbox"/>

Business Name: _____
Address: _____

Contact Person: _____
Telephone: _____
Email: (if preferred contact method) _____

Payment Method: Credit Card ___ Check ___ Cash ___ Invoice (net 30) ___

Visa ___ MasterCard ___ American Express ___ Discover ___

Credit Card # _____ Expiration Date: _____ CVV _____

Free estimates on all makes and models, and other services requested prior to any work done.

Please sterilize all handpieces prior to pickup or shipping. Free pickup and delivery within the Denver and Northern Colorado areas.

Pinpoint Dental Equipment Service - In Office Use Only

Date Received _____ Estimate Called _____ Approved By _____
Delivery or Shipping Date: _____