

Work Order Details

Order Details:		Customer Information:	
Client: Consumer Direct-Kidkraft	Order Status: Assigned	Name: Test 4	Email Address: prasa@gmail.com
WO#: AO1542	Purchase Order:	Address: 9898 Blue You St	Contact Name: ChicoAS
Service Type: Delivery and Installation	Assigned Date: 15-May-2020	City: Portage	State: Indiana
Scheduled Date:		Zip Code: 46368	Phone No: 7873695874
Technician (PayGrade): Aldine Blackwood(A) Alex Jimenez(A)		Cell No:	

Pick Up Information:	Job Description:
Location:	CXV
State:	
Zip Code:	
Alt Phone:	
City:	
Address:	
Phone Number:	

Parts/Item Tracking Info:	
Parts Arrive:	Tracking No:
Carrier Company:	Serial Number:
Model Number:	

Tech Instruction:
No instruction given by client.

Work Type	Equipment	Model	Quantity
DEBANSU	AHF Hoist MI5 Gym	fdsf	3
ABC	AHF Hoist MI Smith Cage	gfhh	4

By signing here we acknowledge that we are satisfied with the work performed by the tech and no damage was done to the unit or my property.

Customer Signature

- Serial No.1
- Serial No.2
- Serial No.3
- Serial No.4
- Serial No.5