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WORK ORDER

DATE _____ JOB # _____
 COMPANY _____ PHONE _____
 LOCATION _____
 ON SITE CONTACT _____ PHONE _____
 BILL TO _____

MATERIALS USED

LAMPS: _____ QTY: _____ ELEV: _____ NEED TO ORDER _____
 LAMPS: _____ QTY: _____ ELEV: _____ NEED TO ORDER _____
 BALLASTS: _____ QTY: _____ ELEV: _____ PARK OF LIGHTS _____
 SOCKETS: _____ QTY _____ CRANE LIFT: _____
 TRANSFORMERS: _____ QTY: _____ TRAVEL _____
 NEON REPAIR: _____ QTY: _____

REMARKS: _____

NEED TO RETURN? YES NO

FIRST TRIP: _____ TRAVEL: _____ START: _____ END: _____

SECOND TRIP: _____ TRAVEL: _____ START: _____ END: _____

I hereby acknowledge that the above services were performed and completed to my satisfaction.

CUSTOMER PRINT NAME: _____ DATE: _____

CUSTOMER SIGNATURE: _____

SERVICE TECHNICIAN: _____ DATE: _____