Service Authorization Form

Telephone: (856) 354-9595 FAX: (856) 354-8389

ATTN: Date:
Please Complete and Fax Back **WO#:**

BILLING POLICIES:

Our billing rates are hourly based and are portal-to-portal. This means that your facility will be invoiced for travel labor from the time our technician leaves the office until the time he or she returns. Incidental charges that are invoiced as incurred are parts, shipping, airfare, rental car, hotel, and living expenses. Any sales or use tax mandated by an appropriate city, county, country or state taxing authority will be added to the invoice. Our terms are net thirty days. The customer agrees to be responsible for any costs to collect payment per terms of this agreement.

RATE INFORMATION:

Our rates are as follows:	Our nearest location:	Cherry Hill , NJ
$ per hour, labor	$ per hour, overtime labor	
$ per hour, travel	$ per hour, overtime travel	
If you prefer to ship your unit(s) in, our depot labor rate is $ per hour		

AUTHORIZATION:

Facility Name: _____
Address: _____
_____, _____
Contact Name: _____
Phone #: _____
Fax #: _____

Billing Name: _____
Address: _____
(if other) _____
Bill To Attn : _____
Phone #: _____
Fax #: _____

Purchase Order #: _____
Credit Card #:
(Please print legibly) _____ V-Code:
Expiration Date: _____ Card Type:

Please make PO's and payment out to: JRM Medical Services, Inc.
1916 Old Cuthbert Rd. B-18
Cherry Hill, NJ 08034 Federal ID: 222-619-451/000

EQUIPMENT TO BE SERVICED

Manufacturer	Model Number	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and understand the above policies and I am authorized to incur charges for maintaining the above equipment.

Signed: _____ Date: _____