SERVICE / INSPECTION REQUEST FORM

DATE: _____

☐ Invoice
☐ Estimate

Service Contract # _____

STEP 1 Fill in your Information Below

Company _____ Contact Person _____

Address _____ Telephone No. _____

City/State/Zip _____ E-mail Address _____

* Make check or money order payable to "EzCamView". Include your invoice number on front of your check or money order.

STEP 2 Please describe the problem or all part service.

Item	Qty	Description	Amount
		Total	

STEP 3

Service Request By : _____ (Customer)

Service Provide By : _____ (Vendor)

Signature : _____ I have read and understand the terms & conditions.

Provider Signature : _____

Date : _____

Date : _____

*** 1.All exchanges must be received within 7 days of the original of the invoice. 2.If there is unpaid balance overdue, the seller will charge 5%of the total amount every 15days. 3.All return checks are subject to $35 processing fee.. 4.There is 30%restocking charges for all return items, products must be unopened and in good condition. 5.Seller warrants that the goods covered when delivered to buyers are of merchantable quality and will be free from defects in workmanship and material for a period of 90 days. 6.The undersigned agree that in the event in shall become necessary to file any action to enforce any of the terms of this contract, unsuccessful party shall pay to the successful party all court costs, actual attorney's fees and collection costs. 7.We have no responsibility for losing data.