



Java Jons 2012 Limited T/A
 Java Jons
 PO Box 6153, Brookfield, TAURANGA 3146
 Ph 0800528256
 Email javajons@orcon.net.nz

REQUEST TO REPAIR FORM

DATE: _____ QUOTE No. _____

CUSTOMER'S TRADE NAME: _____

CUSTOMER'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

State: _____ Postcode: _____ State: _____ Postcode: _____

FAULT DESCRIPTION

DETAILS OF GOODS TO BE SUPPLIED / SERVICES TO BE PROVIDED

CUSTOMER REQUESTED THE ABOVE GOODS AND/OR SERVICES BY: PHONE / FAX / EMAIL / MAIL / IN PERSON / VIA WEBSITE

I agree that I have ordered the above goods and/or services. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Java Jons 2012 Limited T/A Java Jons which form part of, and are intended to be read in conjunction with this Do & Charge Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. *I agree that if I am a director or a shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.*

SIGNED (CUSTOMER): _____ **SIGNED (JAVA JONS):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CUSTOMERS SIGNATURE:

SIGNED: _____ Name: _____ Date: _____

WORK UNDERTAKEN BY: (Name:) _____

MATERIALS	QTY	\$ Cost per item	AMOUNT
TOTAL MATERIALS \$			
LABOUR	HRS	\$ Rate per hr	AMOUNT
TOTAL LABOUR \$			
SUNDRIES	\$ Cost		AMOUNT
TOTAL SUNDRIES \$			
SUB TOTAL			
GST			
GRAND TOTAL			