

On-Site Service Request Form

Job Number: _____

Please complete this form and email it to our Service Department at service.us.wmc@wika.com.

Contact / Billing Info:

Contact: _____
Phone : _____
Email: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____

Credit Card Orders

Credit Card #: _____
Credit Card: MC / VISA / AMEX Exp Date: ___/___/___
Name on Card: _____
Purchase Orders
Purchase Order #: _____
Job # (if applicable): _____
Date Service Request Submitted: ___/___/___

Machine Location / Contact: (if not same as above)

Contact: _____
Phone : _____
Fax: _____

Company: _____
Address: _____
City: _____ State: _____ Zip: _____

Machine Info:

System Type: _____

Crane Make: _____
Crane Model: _____ Crane S/N: _____

Work Requested: _____

Work Date Requested: ___/___/___ (We recommend **two** week advance notice to make travel arrangements)

Job site requirements:
(job specific)

- Certified crane operator
- Certified welder
- Certified weights
- Rigger
- Adequate work area
- On site job assistance when required

The above requirements could affect your job cost, if not available. Requirements are job specific.

Site Directions: _____

Local Info: Suggested Hotel: _____ Suggested Airport: _____

This Section
for WIKAL Mobile
Control Use
Only:

Hardware Request Date: ___/___/___
Hardware Ship Date: ___/___/___
Software Request Date: ___/___/___
Software Completion Date: ___/___/___

OP Mode Sheet: _____
Tech Available Date: ___/___/___
Sales Representative: _____
Bill of Materials: _____