



# MORBARK SERVICE AGREEMENT

WINN, MICHIGAN 48896 (800)255-8839 FAX (800)832-5618 www.morbark.com

**Customer PO #:** \_\_\_\_\_

Customer Name:	Contact Name:	
Customer Address:	Office Phone No.	
	Office Fax No.	
Customer Account No.	Mobile Phone No.	
Machine Description:	Serial No.	
Machine Location:		
<b>Description of work performed and recommendations for customers</b>		
Requested date to perform service:	Estimated completion date:	

<u>Rate Schedule</u>	<u>Estimated</u>	<u>Total</u>
<b>\$80.00</b> per hour – Monday – Friday	hrs. _____	\$ _____
<b>\$120.00</b> per hour – Saturdays	hrs. _____	\$ _____
<b>\$160.00</b> per hour – Sundays/Holidays	hrs. _____	\$ _____
<b><u>Mileage</u></b>		
<b>\$1.00</b> per mile	miles _____	\$ _____
<b>\$27.00</b> per hour drive time	hrs. _____	\$ _____
<b>Consumables:</b>		\$ _____
<b>Lodging:</b>	days _____	\$ _____
<b>Parts#:</b> _____ <b>Cost</b> \$ _____ <b>Part#</b> _____ <b>Cost</b> \$ _____		\$ _____
<b>Plane/Car:</b>		\$ _____
<b>Tax</b> (if applicable): <b>customer must understand they may be charged tax</b>		\$ _____

<b><u>Payment Method:</u></b>		<b><u>TOTAL:</u> \$ _____</b>
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> Credit Card	

Customer acknowledges the information above to be an accurate description of their request for service and the hourly rates and charges are acceptable. It is also understood that any parts used to complete this service are to be paid for by the customer.

<b>Customer Signature after Job Completed:</b>	Date:	Original Authorized Amount: \$ _____
<i>*The estimate has changed, and has been confirmed with the customer.</i>		Customer Authorization: _____ Date: _____
<b>Reviewed and Authorized change:</b>	Date:	<i>*Authorized changed amount \$ _____</i> Date: _____ Authorized: <input type="checkbox"/> Verbal <input type="checkbox"/> Written Initials _____

**OFFICE USE ONLY**

<b>Morbark representative:</b>	Date:	<b>Job No.</b>	<b>Business Unit No.</b>
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**“With Pride in Performance”**

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