Automated Systems America Inc.
2600 Foothill Blvd.
Glendale, CA, 91214
Phone: (818)957-5471
Fax: (818)957-5482

Service Request Form

BILL TO:

Name _____

Address _____

City _____

State _____ Zip _____

Daytime Phone (_____) _____

Fax (_____) _____

Location:

Date: _____

Name _____

Address _____

City _____

State _____ Zip _____

Terminal # _____ Serial # _____

Atm Type _____

Brief description of work requested:

Service Performed	Parts Used	Time at Location	Round Trip Mileage	Amount

Service Authorization and Agreement: Customer authorizes Automated Systems America Inc. and/or Automated Systems America Inc's clients to furnish all necessary parts and materials and to execute the above described work by its accredited representative(s). Any bill, sales, use, excise or other tax that may be levied or assessed on this order and/or on the goods or service work furnished, shall be paid for by Customer and if by law, Automated Systems America Inc's client is chargeable with collection of payment thereof, the same shall be added to the invoice price. The services described above constitute an Adjustment as referenced in the processor's ACH Authorization Release Agreement executed as part of customers agreement with Automated Systems America Inc's client. Customers hereby authorizes Automated Systems America Inc. and/or Automated Systems America Inc's client to debit Customer's Settlement Account for the full amount of the invoice price in accordance with said release. In the event Automated Systems America Inc. and/or Automated Systems America Inc's client is unable to debit Customer's Settlement Account for the full amount of this service agreement Automated Systems America Inc. and/or Automated Systems America Inc's client shall have the option to add necessary charges to collect any amount due on the remaining balance.

Method of Payment (Check One)

☐ Check or Money Order Enclosed

☐ Purchase Order No. _____

Please Bill: ☐ Visa ☐ MasterCard ☐ American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Credit Card Number

☐☐ - ☐☐ Expiration Date

_____ Authorized Signature

_____ Service Technician

Subtotal	
Sales Tax	
Shipping	
Total	