



Date Received _____

Powered On _____
(Employee Initials)

MACHINE SERVICE INTAKE

NAME _____

PHONE # _____

ADDRESS _____

CITY/ZIP _____

EMAIL _____

MACHINE BRAND _____

SERIAL # _____

MACHINE MODEL _____

PLEASE DESCRIBE ANY ISSUES YOU ARE HAVING WITH THIS MACHINE/SERVICE REQUESTED.

PLEASE LIST THE LAST TIME THIS MACHINE WAS SERVICED.

CHOOSE THE SERVICE DESIRED

FULL SERVICE _____

(Clean, oil, check timing, etc.)

FIX THE MAYHEM _____

(Only fix the problem listed above - no
other services performed)

PLEASE LIST ANY ACCESSORIES YOU ARE LEAVING WITH THIS MACHINE

(Example: #1 presser foot, bobbin, bobbin case, straight stitch plate)

Please include a zig zag foot, zig zag stitch plate, bobbin, and bobbin case

CUSTOMER SIGNATURE _____

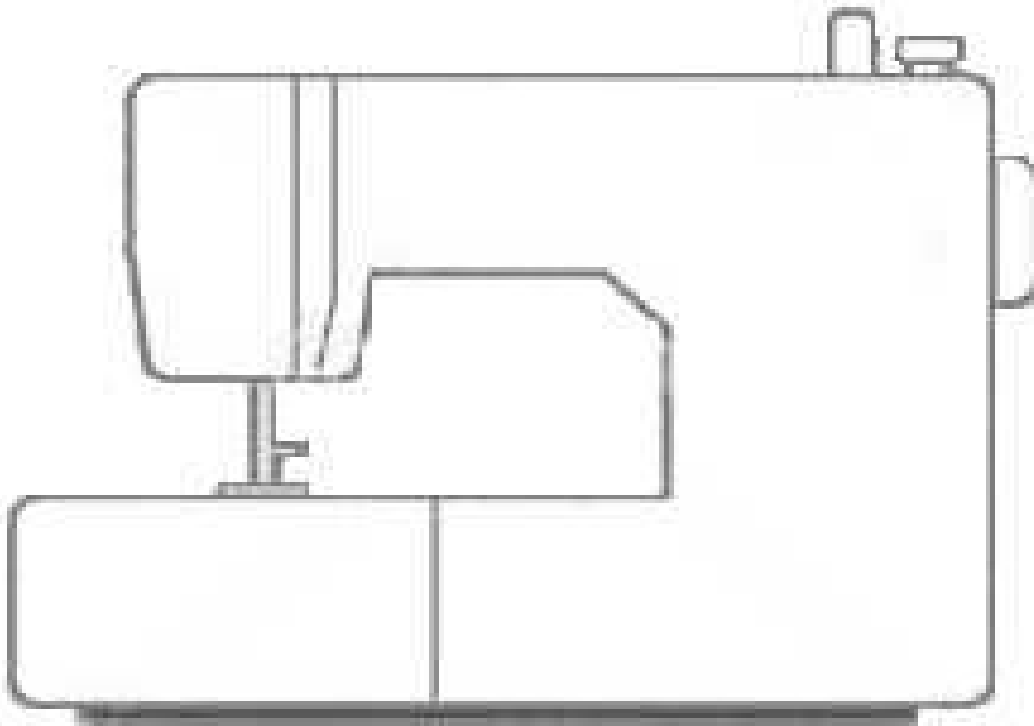
DATE _____

EMPLOYEE SIGNATURE _____

DATE _____

PLEASE DO NOT LEAVE MACHINE CASES, ACCESSORY CASES, ETC.

Please make note of any scratches, cracks, imperfections below.



Customer Signature

Date

Employee Signature

Date