

**Dietert Foundry Testing Equipment Inc.**

**SERVICE REQUEST**

Customer: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tentative Date(s) of Service Visit: \_\_\_\_\_

Description of Service Requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE OF RATES AND CHARGES**

(Prices effective 1/1/2004 to 12/31/2004)

\$97/Hour

- For all Hours worked Week Days by our Technician/Representative at the Customer's Facility. Normal Working Hours not to Exceed (8) hours / Day
- Travel Time

\$110/Hour

- For all Hours worked Weekends by our Technician/Representative at the Customer's Facility after the (8) Hrs Normal Working Day or Weekends

\$130/ Hour

- For all Hours worked Holidays by our Technician/Representative at the Customer's Facility.

**CHARGEABLE EXPENSES**

All Expenses will be billed at **Actual Expenses** incurred by our technician / representative from the time he/she leaves their home base to the time of their return to the home base.

**Payment Terms**

Customer will be invoiced labor and expenses as described against

Purchase Order number: \_\_\_\_\_

Signature Required: \_\_\_\_\_

Payment Terms are net 30 Days from receipt of invoice, payable in US Funds only. **Form Must Be Completed And Returned Prior To Service.**

**Dietert Foundry Testing Equipment Inc.**

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Fax: 313-491-5210