



## Date:

Business Name:

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address:

Equipment Brand (If Applicable): \_\_\_\_\_ Model: \_\_\_\_\_

Invoice Number: \_\_\_\_\_ Under Warranty\* (Yes or No): \_\_\_\_\_

Pick-Up or Delivery After Service:

For Dryers, Hose Inclusive (Yes or No):\_\_\_\_\_

For Clippers, Blade Inclusive (Yes or No):                      Battery Inclusive (Yes or No):

**Description** - Please give a brief description of the issues with the dryer or clipper.

Date	Description	Amount	Balance
	Jan 1		

<sup>^</sup> Please refer to OZ Grooming World website for fees, terms and conditions