



Request for Technical Service

Please read this application (2 pages) and return by email, authorizing a visit with your signature. Thank you!

Clinic Name: _____

Doctor's Name: _____ Signature: _____

Address: Street: _____

Closest Main Cross Street or Intersection: _____

City: _____

Phone #: _____ Email Address: _____

Manufacturer & Model : _____ Serial Number: _____

Details: The more detailed your explanation, the more efficient the service visit will be. If the technician needs to go out for parts during the visit, you will be charged for this time as well as the parts. Only issues listed on this form will be booked for service during the technicians visit.

Photos Attached: YES NO Additional documents attached: YES NO

Best days/times for service: _____

Please note – only times during regular business hours and days are routinely available, including travel time. Other times may be available at additional charges at the service technician's approval only.

Regular Maintenance Option

I would like this to be booked for regular maintenance every _____ months, and authorize my credit card to be billed for all service calls.

Initial to accept: _____



Billing Information

Rates for technical service visits:

\$95 / hour, with a 1 hour minimum charge (+ travel time) **per service technician** on site. Delta reserves the right to use a second technician without consultation when time constraints or required service dictate, at Delta's sole discretion.

Rates for Travel times:

\$75 / hour

The customer is responsible for travel time both to and from Delta Chiropractic, Waterloo, ON.

Requests for service in areas with traffic congestion that prolongs travel time, and expensive parking, will have these expenses accounted for on the bill. An effort will be made to combine visits in the same area to allow for some discounted travel rates. However, this is not always possible.

Initial to accept billing rates: _____

Cancellation, for whatever reason, must be given to Delta Chiropractic 24 hours in advance, or the estimated travel time will be billed.

At the time of your service visit, you will sign a record of the visit that shows the time of arrival and departure of the service technician. Delta Chiropractic will process your bill on your credit card within 24-48 hours.

Credit Card Number: _____

Expiry Date: _____

Signature of Card Holder: _____

Credit Card Numbers are required for all requests for service.

Please return completed & signed form:

by email to: karen@deltachirosupply.com

or

by fax to: 1-519-885-2159



Time On Site (to be completed at the time of service)

Arrival:

Departure:

Approval Initial:

Time Sheet

Billing Rates	Number of hours on site
Technician #1-\$95/hour	
Technician #2-\$95/hour	
Rate for Travel time \$75/hour (1 hour minimum charge per service technician)	

Customer Signature: _____ Date: _____

Customer Name: _____