



**REMITTANCE:** P.O. Box 104 • West Dundee, IL • 60118 • Toll-Free PH (877) 460-8200 • FX (847) 844-3929

Thank you for using Advanced Environmental. We appreciate your business. To help us service you more efficiently, please complete this form and fax it back to us at (847) 844-3929. When we receive your fax back we'll call you to set up a service call. Please note that **we cannot** dispatch a service technician without a PO or Credit Card number. Service Call: \$ 150.00 includes travel and first ¼ hour on job. \$98.00 per hour after ¼ hour. Standard rates apply to normal business hours 8:00am-4:30pm. (Monday through Friday). Overtime applies after those times / days.

**GENERAL INFORMATION**

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**JOB INFORMATION**

Location of work site: \_\_\_\_\_ Hours of Oper. \_\_\_\_\_  
Equipment Model Number: \_\_\_\_\_ Mfg.: \_\_\_\_\_  
Equipment Serial Number: \_\_\_\_\_  
Type of Service Required  
 Emergency service required       General service/non-emergency call       Installation  
Description of problem/work to be done: \_\_\_\_\_  
\_\_\_\_\_

Please check if you are paying by Credit card  
PO # \_\_\_\_\_  
(This information is required before a service technician will be dispatched)

**SAFETY INFORMATION**

Safety Training Required      Personal Protective Equipment Required       Certificate of Insurance Required  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Ear plugs  
 Safety Glasses/side shields  
 Safety shoes/Caps  
 Hard hat

**BILLING INFORMATION**

Billing Address: \_\_\_\_\_  
Name of Accounts Payable Contact Person: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**AUTHORIZATION INFORMATION**

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE READ THE ABOVE TO APPROVE WORK)