

TURBO REFURB SERVICE CHECK-IN



Customer: _____

Date Received: _____

Phone: _____

Received By: _____

Email: _____

Turbocharger Model: _____

Customer Report of Issue: _____

SERVICES

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> INSPECTION | <input type="checkbox"/> Confirmed/Receipt |
| <input type="checkbox"/> CLEANING | <input type="checkbox"/> Confirmed/Receipt |
| <input type="checkbox"/> REPAIR | <input type="checkbox"/> Confirmed/Receipt |
| <input type="checkbox"/> Welding | <input type="checkbox"/> Confirmed/Receipt |
| <input type="checkbox"/> service | <input type="checkbox"/> Confirmed/Receipt |
| <input type="checkbox"/> Service | <input type="checkbox"/> Confirmed/Receipt |
| <input type="checkbox"/> Service | <input type="checkbox"/> Confirmed/Receipt |

