



# WORK REQUEST ORDER

**CONTACT INFORMATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**DESCRIPTION OF WORK REQUESTED**

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**PLEASE COMPLETE AND SIGN BELOW**

I hereby authorize TTS Inc. to perform the above work and charge my credit card for the work involved.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF TTS RECEIVES AN INCOMPLETE FORM NO WORK WILL BE PERFORMED  
AND YOUR PRODUCT WILL BE SET ASIDE UNTIL A COMPLETED FORM IS SUPPLIED.**