



Viking Manufacturing Inc. (VMI)  
**Repair Order Form**

Customer Name: \_\_\_\_\_  
Job Name: \_\_\_\_\_  
Original PO: \_\_\_\_\_ Date of Job \_\_\_\_\_  
Job Address: \_\_\_\_\_

Billable?      YES      NO                      Warranty      YES      NO

Description of Problem:

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Action Taken (*Office*):

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Notes & Completion Date:

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**Customer Signature** \_\_\_\_\_

**VMI Authorized Signature** \_\_\_\_\_