Authorized TBWC TECHNICAL SERVICE PROVIDER
Blanchard Associates, Manufacturers Representative
TBWC Technology Products & Se

TBWC TECH SERVICE PLAN & REPORT

FOR ON OR OFF-SITE (REMOTE) SUPPORT SERVICES RENDERED

PO NUMBER / REFERENCE: _____

PROJECT NAME / REF ZIP: _____ **SOS:** _____ DAY(s) ON-SITE SVCS

DATE OF SERVICE: _____ **START TIME:** _____ **SERVICE AGENT:** _____

SITE CONTACT(s):

- Contractor / Installer
- Property Mgr. / Owners Rep / IT

SCOPE OF WORK TO BE PERFORMED:

NEXT ACTION(s):

% OF SOS COMPLETED _____ **DEPARTURE TIME:** _____

ADDITIONAL SERVICE REQUIRED: _____ DAY ON-SITE SVCS **WITHIN SCOPE**: YES/ NO

As an TBWC Technology sanctioned Service Provider, it is our intent to attain 100% customer satisfaction.
By signing below, I confirm TBWC Technology has met our predefined SOS (scope of service) obligation for this project to the best of our ability. End user served acknowledges additional commissioning, technical support (remote or on-site) for service will require an additional work order be placed. End user also acknowledges and agrees TBWC Technology is not responsible for the installation of the equipment or customer owned IT integration services required.

SIGNATURE X _____ **DATE:** _____