

MOORE® SPEEDSET® 3


## CEASA WARRANTY AND NON WARRANTY INVOICE CSAD SOUS GARANTIE ET HORS GARANTIE FACTURE


FORM NO. 1100C (REV 93.1) PRINTED 93.1

**LABOUR/TRAVAIL**
 CONTRACT  
CONTRAT

 IN WARRANTY  
SOUS GARANTIE

 OUT OF WARRANTY  
HORS GARANTIE


 PRODUCT  
PRODUIT


 BRAND NAME  
MARQUE

CUSTOMER'S LAST NAME/NOM DE FAMILLE DU CLIENT		FIRST NAME/PRENOM		AREA CODE CODE REGIONAL	BILL TO TELEPHONE FACTURER AU TEL.	SERVICE CENTRE NO./NO. DU CENTRE DE SERVICE	
ADDRESS/ADRESSE			APT.#/APP.#	AREA CODE CODE REGIONAL	TELEPHONE/RES.	MODEL NO./NO. DE MODELE	
CITY/VILLE	PROV.	POSTAL CODE POSTAL		AREA CODE CODE REGIONAL	TELEPHONE/ BUS. DURL	SERIAL NO./NO. DE SERIE	
DEALER'S NAME/NOM DU MARCHAND		CITY/VILLE		PURCHASE DATE D'ACHAT		WARRANTY REGISTRATION NO. & EXPIRY NO. D'ENREGISTREMENT DE GARANTIE	
				MO.	DY/JR	YR/AN	DATE EXPIRATION

<b>CUSTOMER COMPLAINT-PLAINTÉ DU CLIENT</b>		CODE	<b>REPAIR CATEGORY GENRE DE REPARATION</b>	MINOR MINEURE	INTERMEDIATE INTERMEDIAIRE	MAJOR MAJEUR
<input type="checkbox"/> REPEAT SERVICE REPETE			1 HOME SERVICE REPARATION A DOMICILE			
<b>EXPLANATION OF SERVICE PERFORMED-TRAVAIL EFFECTUE</b>		ACCESSORIES INCLUDED/ACCESSOIRES INCLUS	CODE	2 SHOP SERVICE REPARATION EN ATELIER		
				3 CARRY IN SERVICE APPORTE PAR LE CLIENT		
				4 STOCK SERVICE INVENTAIRE		
				JOB CODE / MAIN D'OEUVRE		BILL CODE / FACTURATION

DATE CALL RECEIVED/DATE DE LA PLAINTE			DATE PROMISED/DATE PROMIS			DATE STARTED/SERVICE A COMMENCE LE			DATE COMPLETED/DATE COMPLETE			R.T.	CHARGE TIME/TEMPS FACTURE	TRAVEL ALLOWANCE/FRAIS DE VOYAGEMENT		
MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN			KM/MILES	@	- \$
QTY. QTE.	IN-WARR. SOUS GAR.	PART NUMBER N° DE LA PIECE		REF #	PART DESCRIPTION DESCRIPTION DE LA PIECE			CODE	AMOUNT MONTANT							
									\$							
									\$							
									\$							
									\$							
									\$							
									\$							
									\$							

RECEIPT OF GOODS REÇU DES MARCHANDISES		<input type="checkbox"/> CASH COMPTANT <input type="checkbox"/> CHEQUE CHEQUE		<input type="checkbox"/> CREDIT CARD NO. DE CARTE DE CREDIT		<input checked="" type="checkbox"/> LABOUR/TRAVAIL ON SITE/SUR PLACE		TOTAL PARTS TOTAL PIECES	
<input checked="" type="checkbox"/> CUSTOMER'S SIGNATURE-SIGNATURE DU CLIENT		<input type="checkbox"/> ESTIMATE/ESTIMATION \$		<input type="checkbox"/> IN SHOP/EN RESERVE		SERVICE CALL APPEL DE SERVICE		TOTAL LABOUR TOTAL MAIN D'OEUVRE	
SERVICE CENTRE-CENTRE DE SERVICE		<input checked="" type="checkbox"/> CUSTOMER'S APPROVAL/APPROUVE PAR CLIENT		DIAGNOSTIC CHARGE CHARGE DIAGNOSTIQUE		DELIVERY LIVRAISON		SUB TOTAL SOUS TOTAL	
		<input checked="" type="checkbox"/> TECHNICIAN'S SIGNATURE/SIGNATURE DU TECHNICIEN				GST TPS		PST TVP	
						<b>TOTAL</b>			

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SERVICE CENTRE-CENTRE DE SERVICE

PICK UP DATE-PRET LE

 RECEIPT OF GOODS  
REÇU DES MARCHANDISES

 MANUFACTURER / DISTRIBUTOR COPY  
COPIE DU FABRICANT / DISTRIBUTEUR

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 PRODUCT  
PRODUIT

 BRAND NAME  
MARQUE

CUSTOMER'S LAST NAME/NOM DE FAMILLE DU CLIENT		FIRST NAME/PRENOM		AREA CODE CODE REGIONAL	BILL TO TELEPHONE FACTURER AU TEL.	SERVICE CENTRE NO./NO. DU CENTRE DE SERVICE	
ADDRESS/ADRESSE			APT.#/APP.#	AREA CODE CODE REGIONAL	TELEPHONE/RES.	MODEL NO./NO. DE MODELE	
CITY/VILLE	PROV.	POSTAL CODE POSTAL		AREA CODE CODE REGIONAL	TELEPHONE/ <sup>RES.</sup> <sub>BUS.</sub>	SERIAL NO./NO. DE SERIE	
DEALER'S NAME/NOM DU MARCHAND			CITY/VILLE		PURCHASE DATE D'ACHAT		WARRANTY REGISTRATION NO. & EXPIRY NO. D'ENREGISTREMENT DE GARANTIE
					MO.	DY/JR	YR/AN

<b>CUSTOMER COMPLAINT-PLAINTÉ DU CLIENT</b>		CODE	<b>REPAIR CATEGORY GENRE DE REPARATION</b>	MINOR MINEURE	INTERMEDIATE INTERMEDIAIRE	MAJOR MAJEUR
<input type="checkbox"/> REPEAT SERVICE REPETE			1 HOME SERVICE REPARATION A DOMICILE			
<b>EXPLANATION OF SERVICE PERFORMED-TRAVAIL EFFECTUE</b>		ACCESSORIES INCLUDED/ACCESSOIRES INCLUS	CODE	2 SHOP SERVICE REPARATION EN ATELIER		
				3 CARRY IN SERVICE APPORTE PAR LE CLIENT		
				4 STOCK SERVICE INVENTAIRE		
				JOB CODE / MAIN D'OEUVRE		BILL CODE / FACTURATION

DATE CALL RECEIVED/DATE DE LA PLAINTÉ		DATE PROMISED/DATE PROMIS		DATE START/SERVICE A COMMENCE LE		DATE COMPLETED/DATE COMPLETE		RT.	CHARGE TIME/TEMPS FACTURE	TRAVEL ALLOWANCE/FRAIS DE VOYAGEMENT
MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN		KM/MILES
										\$
QTY. QTE.	IN-WARR. SOUS GAR.	PART NUMBER N° DE LA PIECE	REF #	PART DESCRIPTION DESCRIPTION DE LA PIECE	CODE	AMOUNT MONTANT				
						\$				
						\$				
						\$				
						\$				
						\$				
						\$				

RECEIPT OF GOODS REÇU DES MARCHANDISES		<input type="checkbox"/> CASH COMPTANT	<input type="checkbox"/> CHEQUE CHEQUE	<input type="checkbox"/> CREDIT CARD NO. DE CARTE DE CREDIT	<input type="checkbox"/> LABOUR/TRAVAIL ON SITE/SUR PLACE	TOTAL PARTS TOTAL PIECES
<input checked="" type="checkbox"/> CUSTOMER'S SIGNATURE-SIGNATURE DU CLIENT		CREDIT CARD NUMBER/NO. DE CARTE DE CREDIT		DATE EXPIRATION	IN SHOP/EN RESERVE	SERVICE CALL APPEL DE SERVICE
SERVICE CENTRE-CENTRE DE SERVICE		ESTIMATE/ESTIMATION			DIAGNOSTIC CHARGE CHARGE DIAGNOSTIQUE	TOTAL LABOUR TOTAL MAIN D'OEUVRE
		\$				DELIVERY LIVRAISON
		<input checked="" type="checkbox"/> CUSTOMER'S APPROVAL/APPROUVE PAR CLIENT				SUB TOTAL SOUS TOTAL
						GST TPS
		<input checked="" type="checkbox"/> TECHNICIAN'S SIGNATURE/SIGNATURE DU TECHNICIEN				PST TVP
						<b>TOTAL</b>

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SERVICE CENTRE-CENTRE DE SERVICE

PICK UP DATE-PRET LE

RECEIPT OF GOODS  
REÇU DES MARCHANDISES

**CUSTOMER COPY / COPIE DU CLIENT  
CUSTOMER CLAIM CHECK / TALON DU CLIENT**

# CEASA WARRANTY AND NON WARRANTY INVOICE CSAD SOUS GARANTIE ET HORS GARANTIE FACTURE

FORM NO. 1100C (REV 93.1) PRINTED 93.1

**LABOUR/TRAVAIL**

CONTRACT  
CONTRAT

IN WARRANTY  
SOUS GARANTIE

OUT OF WARRANTY  
HORS GARANTIE



PRODUCT  
PRODUIT  
BRAND NAME  
MARQUE



CUSTOMER'S LAST NAME/NOM DE FAMILLE DU CLIENT		FIRST NAME/PRENOM		AREA CODE CODE REGIONAL	BILL TO TELEPHONE FACTURER AU TEL.	SERVICE CENTRE NO./NO. DU CENTRE DE SERVICE	
ADDRESS/ADRESSE			APT.#/APP.#	AREA CODE CODE REGIONAL	TELEPHONE/RES.		MODEL NO./NO. DE MODELE
CITY/VILLE	PROV.	POSTAL CODE POSTAL		AREA CODE CODE REGIONAL	TELEPHONE/ <sup>BUS</sup> / <sub>BUR.</sub>	SERIAL NO./NO. DE SERIE	
DEALER'S NAME/NOM DU MARCHAND			CITY/VILLE		PURCHASE DATE D'ACHAT		WARRANTY REGISTRATION NO. & EXPIRY NO. D'ENREGISTREMENT DE GARANTIE
					MO.	DY/JR	YR/AN

<b>CUSTOMER COMPLAINT-PLAINTÉ DU CLIENT</b>		CODE	<b>REPAIR CATEGORY GENRE DE REPARATION</b>	MINOR MINEURE	INTERMEDIATE INTERMEDIAIRE	MAJOR MAJEUR
<input type="checkbox"/> REPEAT SERVICE REPETE			1 HOME SERVICE REPARATION A DOMICILE			
<b>EXPLANATION OF SERVICE PERFORMED-TRAVAIL EFFECTUE</b>		ACCESSORIES INCLUDED/ACCESSOIRES INCLUS	CODE	2 SHOP SERVICE REPARATION EN ATELIER		
				3 CARRY IN SERVICE APPORTE PAR LE CLIENT		
				4 STOCK SERVICE INVENTAIRE		
				JOB CODE / MAIN D'OEUVRE		BILL CODE / FACTURATION

DATE CALL RECEIVED/DATE DE LA PLAINTÉ			DATE PROMISED/DATE PROMIS			DATE STARTED/SERVICE A COMMENCE			DATE COMPLETED/DATE COMPLETE			R.T.	CHARGE TIME/TEMPS FACTURÉ	TRAVEL ALLOWANCE/FRAIS DE VOYAGEMENT		
MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN			KM MILES	@	- \$
QTY. QTE.	IN-WARR. SOUS GAR.	PART NUMBER N° DE LA PIECE		REF #	PART DESCRIPTION DESCRIPTION DE LA PIECE		CODE	AMOUNT MONTANT								
																\$
																\$
																\$
																\$
																\$
																\$
																\$

RECEIPT OF GOODS REÇU DES MARCHANDISES		<input type="checkbox"/> CASH COMPTANT		<input type="checkbox"/> CHEQUE CHEQUE				LABOUR/TRAVAIL ON SITE/SUR PLACE		TOTAL PARTS TOTAL PIECES	
<input checked="" type="checkbox"/> CUSTOMER'S SIGNATURE-SIGNATURE DU CLIENT		CREDIT CARD NUMBER/NO. DE CARTE DE CREDIT				DATE EXPIRATION		IN SHOP/EN RESERVE		SERVICE CALL APPEL DE SERVICE	
SERVICE CENTRE-CENTRE DE SERVICE		ESTIMATE/ESTIMATION				\$		DIAGNOSTIC CHARGE CHARGE DIAGNOSTIQUE		TOTAL LABOUR TOTAL MAIN D'OEUVRE	
		<input checked="" type="checkbox"/> CUSTOMER'S APPROVAL/APPROUVE PAR CLIENT								DELIVERY LIVRAISON	
		<input checked="" type="checkbox"/> TECHNICIAN'S SIGNATURE/SIGNATURE DU TECHNICIEN								SUB TOTAL SOUS TOTAL	
										GST TPS	
										PST TVP	
										<b>TOTAL</b>	

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SERVICE CENTRE-CENTRE DE SERVICE _____ PARTS TAG COUPON DE REMISE	PICK UP DATE-PRÉ LE _____ RECEIPT OF GOODS REÇU DES MARCHANDISES
--	---

**DEALER / SERVICECENTRE COPY  
COPIE DU MARCHAND / CENTRE DE SERVICE**

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PRODUCT  
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BRAND NAME  
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CITY/VILLE	PROV.	POSTAL CODE POSTAL		AREA CODE CODE REGIONAL	TELEPHONE/ <sup>RES.</sup> <sub>BUS.</sub>	SERIAL NO./NO. DE SERIE	
DEALER'S NAME/NOM DU MARCHAND			CITY/VILLE		PURCHASE DATE D'ACHAT		WARRANTY REGISTRATION NO. & EXPIRY NO. D'ENREGISTREMENT DE GARANTIE
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DATE CALL RECEIVED/DATE DE LA PLAINTÉ		DATE PROMISED/DATE PROMIS		DATE STARTED/SERVICE A COMMENCE LE		DATE COMPLETED/DATE COMPLETE		RT.	CHARGE TIME/TEMPS FACTURE	TRAVEL ALLOWANCE/FRAIS DE VOYAGEMENT
MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN	MO.	DY/JR	YR/AN		KM/MILES
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						\$				
						\$				
						\$				
						\$				
						\$				
						\$				

RECEIPT OF GOODS REÇU DES MARCHANDISES		<input type="checkbox"/> CASH COMPTANT	<input type="checkbox"/> CHEQUE CHEQUE	<input type="checkbox"/> CREDIT CARD NO. DE CARTE DE CREDIT	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	LABOUR/TRAVAIL ON SITE/SUR PLACE	TOTAL PARTS TOTAL PIECES
<input checked="" type="checkbox"/> CUSTOMER'S SIGNATURE-SIGNATURE DU CLIENT		CREDIT CARD NUMBER/NO. DE CARTE DE CREDIT			DATE EXPIRATION		IN SHOP/EN RESERVE	SERVICE CALL APPEL DE SERVICE
SERVICE CENTRE-CENTRE DE SERVICE		ESTIMATE/ESTIMATION					DIAGNOSTIC CHARGE CHARGE DIAGNOSTIQUE	TOTAL LABOUR TOTAL MAIN D'OEUVRE
		\$						DELIVERY LIVRAISON
		<input checked="" type="checkbox"/> CUSTOMER'S APPROVAL/APPROUVE PAR CLIENT						SUB TOTAL SOUS TOTAL
		<input checked="" type="checkbox"/> TECHNICIAN'S SIGNATURE/SIGNATURE DU TECHNICIEN						GST TPS
								PST TVP
								<b>TOTAL</b>

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SERVICE CENTRE-CENTRE DE SERVICE	PICK UP DATE-PRET LE
UTILITY COPY COPIE UTILITAIRE	RECEIPT OF GOODS REÇU DES MARCHANDISES