

Date Received: \_\_\_\_\_  
 Date Completed: \_\_\_\_\_  
 Work Order #: \_\_\_\_\_  
 Service Tech: \_\_\_\_\_



Quilt Lizzy Service Center  
 115 E. Market St  
 Warrenton, NC 27589  
 (252)257-3800

Quilt Lizzy – Wake Forest  
 12223 Hampton Way #100  
 Wake Forest, NC 27587  
 (919)570-0777

**Personal Information**

Full Name: \_\_\_\_\_  
*Last* *First* .

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

Purchase Date \_\_\_\_\_

Machine Model \_\_\_\_\_

Serial Number \_\_\_\_\_

Warranty? Yes or No	Purchase Receipt Attached? Yes or No
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**Machine Problem**

Please list any problems with your machine...  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**More Information**

Please circle any common mechanical problems listed...	<b>Included Items:</b>
Loose Bottom Thread    Won't Feed Fabric    Electronic Problem	<i>Cover/Case</i> Yes/No
Loose Top Thread    Bobbin Winds Poorly    Embroidery Unit Problem	<i>Foot Petal</i> Yes/No
Thread Breaking    Noisy Machine    Skipping Stitches	<i>Power Cord</i> Yes/No
Decorative Stitches    Breaking Needles    Power Cord	<i>Presser Foot</i> Yes/No "    "
Automatic Button Hole    Machine Jams    Light Doesn't Work	<i>Bobbin Case</i> Yes/No
<b>Other:</b>	<i>Hoop</i> Yes/No
_____	<i>Embroidery Unit</i> Yes/No

Customer would prefer an estimate before work is done... **Yes / No**

I authorize Quilt Lizzy to repair my machine. I understand the charges and pricing for this service. If machine is under warranty a receipt must be present on day of drop-off.

Customer's Signature \*\*\* \_\_\_\_\_

**Technician's Notes**

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\_\_\_\_\_

Total Stitch Count: \_\_\_\_\_  
Embroidery Stitch Count: \_\_\_\_\_  
Utility Stitch Count: \_\_\_\_\_  
Stitch Count after Testing: \_\_\_\_\_  
Stitch Count Reset Verified: \_\_\_\_\_  
Charge to Customer for Service/Repairs: \_\_\_\_\_  
Warranty Claim #: \_\_\_\_\_  
Warranty Payment Amount: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_