EQUIPMENT REPAIR DELIVERY RECEIPT

WORK ORDER/INVOICE # _____

Customer Name and Address	Dealer Name and Address
Name	
Street Address	
City, County, State, Zip Code	
Phone: ( )	( )

Initials	Delivery Date	Machinery/Equipment Make & Model	Serial No.

I have examined this machinery/equipment and upon delivery it is in operating order, and all power shields, guards, safety decals an roll-over protection equipment (ROPS) were in place and operational, with the following exceptions:

_____

_____

_____

_____

_____

_____

(Print Name) (Authorized Dealer Signature)

Date: _____

CUSTOMER CERTIFICATION

I have read this Delivery Acknowledgment and understand its provisions. Furthermore, I acknowledge the safety device(s) or ROP are missing and I accept the machinery/equipment without the noted ROPS and safety devices and waive any claim(s) against yo (the dealer) and additionally agree to indemnify and hold you (the dealer) harmless for any claims, injuries or liabilities arising out o safety devices or ROPS not being in place on the above-referenced machinery/equipment, whether resulting from my use or the us of any agent, servant or employee.

Customer Signature

Street Address

City, County, State, Zip Code

Date:

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