



# TECHNICIAN WORK ORDER

W.O. #

DATE:

41 Peabody Street, Nashville, TN 37210  
Phone (615) 249-5072 | Fax (615) 658-9269  
Email: [ao@Mitechopportunity.com](mailto:ao@Mitechopportunity.com)

TO Company Name:  
Company Contact:  
Address:  
City & State:  
Zip Code:  
Contact Phone Number(s):

SUMMARY  
OF TASK(S)  
PERFORMED

## Miscope™

Please provide as many details for the order as required to ensure a smooth installation or troubleshooting experience for the client.

## Mitech Next Steps

Please provide additional notes and/or comments needed for client follow-ups or additional visits in the future for the client.

## Mitech Technician Checkpoints

<input type="checkbox"/>	Did you receive training on how to use the service installed?	<input type="checkbox"/>	Did you receive the training manual for the service installed?
<input type="checkbox"/>	Did you receive the Mitech Support toll-free number for any issues with your service(s)?	<input type="checkbox"/>	Did you clean up the area(s) work was performed in?

## Confirmation

I hereby authorize Mitech Partners, LLC and their technician(s), approved representatives, and/or contractors to perform the installation/repair work as agreed and detailed above. By signing this document, all work performed was done by the technician(s) was done so in a safe, proper, and reasonable manner. Payment for all services completed are due in accordance to any agreements signed prior to work performed.

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

\_\_\_\_\_  
Customer Printed Name

\_\_\_\_\_  
Date Service Performed

\_\_\_\_\_  
Technician Signature

\_\_\_\_\_  
Technician Printed Name

\_\_\_\_\_  
Date Service Performed