



# SMIP INC.

**DATE:** \_\_\_\_\_

**WORK REQUESTED BY:** \_\_\_\_\_

**TELEPHONE:** (    ) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**TENANT NAME (if applicable) AND CONTACT INFO:** \_\_\_\_\_

**OTHER ACCESS: (Lockbox/Key Provided/Onsite):** \_\_\_\_\_

**WORK REQUESTED:**

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**CUSTOMER BILLING INFORMATION:**

**BILLING ADDRESS:** \_\_\_\_\_

**PAYMENT METHOD:** VISA/MASTERCARD/AMERICAN EXPRESS/DISCOVER/CHECK\*

\* ALL NEW CUSTOMERS WILL BE REQUIRED TO COMPLETE WORK AUTHORIZATION/PAYMENT INFORMATION PAPERWORK PRIOR TO SCHEDULING.