



www.NeonworksUSA.com

Inv. Ref. # _____

WORK ORDER

NAME: _____

ADDRESS:

PHONE:

CONTACT:

JOB NAME/#:

NEW WORK

COLOR:
when lit

☐ REPAIR

GLASS:

PATTERN

FILL:

☐ RED☐ BLUE

☐ OLD GLASS

(circle one) 8, 9, 10, 12, 13, 15, 18, MM

DATE: 4-12-21

DATE REQ:

☐ SEND INVOICE☐ COD

Paid with: CHECK, CASH, CREDIT CARD
(circle one)

CREDIT CARD INFO

#

EXP.

SEC. CODE:

ZIP:

ELECTRODES

PK PBKM DB
(circle one)

CENTERS:

HEIGHT:

BLOCKOUT

☐ NONE

☐ PARTIAL

☐ FULL[illegible]

NUMBER OF UNITS:

SUB TOTAL

TAX

PICKED UP BY: X

DATE _____

TOTAL

CUSTOMER NOTIFIED ☐

DEPOSIT

BALANCE DUE