

**POWER EQUIPMENT SERVICES, INC.
WORK AUTHORIZATION FORM**

Purchase Order Number* _____

Purchase Order Amount* _____

Contact Name* _____

Company* _____

Address* _____

Address2 _____

City* _____

State* _____

Zip* _____

Email _____

Phone* _____

Fax _____

*Represents a Required Field

Briefly describe the scope of work needed:

By sending in this authorization form, I am approving the work above to be performed.