

For Office Use Only	
#A/S:	
Date:	

**Service Form**

Distributor/Showroom	Customer Name And Service Address
Name:	Name:
Contact:	E-Mail:
Address:	Address:
City:	City:
Postal Code/Zip Code:	Postal Code/Zip Code:
Phone #:	Phone #:
Fax #:	Original Homeowner/Purchaser?    Yes    No

**CREDIT CARD PAYMENT AUTHORIZATION**

Name As Shown On Card : \_\_\_\_\_

American Express

Credit Card Number: \_\_\_\_\_

Card:  Master Card

Visa

Expiry Date On Card: \_\_\_\_\_ (Month / Year)

Date: \_\_\_\_\_ 20\_\_\_\_\_

Signature Of Card Holder: \_\_\_\_\_

<b>Note:</b>	<i>An Invoice # or Serial # must be provided for all Service Calls.</i>
Product Information	
Fabrication Date:	
Purchase Date:	
<b>Serial # (mandatory):</b>	
Purchase Order #:	
Product code :	
Model/Color:	

**Problem Description:**

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**I AGREE TO PAY THE REPAIR IF THE PROBLEM IS OTHER THAN A MANUFACTURING DEFECT.**

Authorized Signature (**Mandatory**): \_\_\_\_\_

Date : \_\_\_\_\_