

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 : _____

Credit Card Number: _____

Expiry Date On Card: _____ (Month / Year)

Signature Of Card Holder: _____

Card: American Express
 Master Card
 Visa

Date: _____ 20____

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

Problem Description:

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

Authorized Signature (**Mandatory**): _____

Date : _____