

SERVICE REQUEST FORM

Fax to: 1-866-282-7435

SR # _____

Date : _____

Dealer Information:

Dealer Name: _____
 Requested by: _____
 Contact phone # : _____

In order to insure timely service, **this form must be filled out completely** with the original invoice attached. If a request is submitted lacking required information, it will be returned and no service will be initiated until all information is included.
Any questions, please contact your sales representative.

Job Information:

Order # : _____
 (optional) PO # : _____
 Purchase Date: / /
 Installation Date: / /
 Warranty # : _____

Homeowner Information:

Name: _____
 Address: _____
 City, State: _____
 Phone # (hm) _____
 (wk) _____
 © _____

DETAILED DESCRIPTION OF ISSUE:

Series (circle one): CW · AWN · PW · DH · DS · SH · SS · SLD PD · HINGED DR

Draw diagram / picture below

_____ ☐ SEAL FAILURE
 _____ ☐ CRACKED/BROKEN GLASS
 _____ ☐ GRIDS
 _____ ☐ AIR INFILTRATION
 _____ ☐ OPERATION PROBLEM
 _____ ☐ HARDWARE
 _____ ☐ OTHER _____

Service Work Completed:

- OFFICE USE ONLY -

	Parts / Glass Description	Prices
Part(s) and -		\$
glass info. -		\$
		\$
		\$
		\$
Tax -		\$
Sub - total -		\$
Labor -	labor rate = \$ 75.00 / hour	\$
Other -	(discounts, promo's) -	\$
Grand Total -		\$

Warranty: ☐ Yes ☐ No
 Priority: ☐ A ☐ B ☐ C

Labor hours: _____
 Travel Time: _____
 Mileage: _____

Completed by: _____
 Date: _____

Approved by: _____

white - office
 yellow - service dept.
 pink - customer

Any work done by Minnkota Windows that is NON-Warranty work will be subjected to additional parts charges and a labor rate of \$75.00/hr plus mileage

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