



## SERVICE REQUEST FORM

SR # \_\_\_\_\_

Fax to: 1-866-282-7435

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**

\_\_\_\_\_  SEAL FAILURE  
 \_\_\_\_\_  CRACKED/BROKEN GLASS  
 \_\_\_\_\_  GRIDS  
 \_\_\_\_\_  AIR INFILTRATION  
 \_\_\_\_\_  OPERATION PROBLEM  
 \_\_\_\_\_  HARDWARE  
 \_\_\_\_\_  OTHER \_\_\_\_\_

Draw diagram / picture below

**Service Work Completed:****- OFFICE USE ONLY -****Parts / Glass Description****Prices**Warranty:  Yes  NoPriority:  A  B  C

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

Labor hours: \_\_\_\_\_

Travel Time: \_\_\_\_\_

Mileage: \_\_\_\_\_

Completed by: \_\_\_\_\_

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

Approved by: \_\_\_\_\_