



For Office Use Only	
#A/S:	
Date:	

Service Form

Distributor/Showroom	Consumer Name And Service Address
Name:	Name:
Contact:	E-Mail:
Address:	Address:
City:	City:
Code postal:	Code postal:
Ph. #:	Fax #:
Fax #:	Original Homeowner/Purchaser? Yes No

Note: An Invoice # or Serial # MUST be provided for all Service Calls.

Product Information

Date Purchased:

Serial # (mandatory):

Product Name & Colour:

Describe Problem:

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

Authorized Signature (mandatory): _____

Date :