SERVICE REQUEST FORM

Dealer Name _____ Requested by _____ Request Date _____

Original PO _____ Date Received _____

Order # _____

Door Information

Size _____ Configuration _____

☐ **Painted** Colour Out _____ Colour In _____

☐ **Stained** Colour Out _____ Colour In _____

☐ **Factory Whtie**

Describe problem in detail

All service requests must have an initial inspection done by the installer prior to Palma Door Systems contacting the customer.

Customer Info

Primary Contact Name _____ Tel _____

Secondary Contact Name _____ Tel _____

Address