



Service Request

Date: _____

Dealer's Name: _____

Jobsite Contact: _____

Dealer Contact: _____

Jobsite Address: _____

Dealer's Phone: _____

City: _____ Zip: _____

Sales Order #: _____

Phone #: _____

Account #: _____

PRODUCT TO BE SERVICED:

Window(s) Door(s) Other

Product Size: _____ Glass Type: _____

Defect in: Vent Panel (Left / Right) Fixed Panel

Location: 1st Floor 2nd Floor Other

Description of problem: _____

Window(s) Door(s) Other

Product Size: _____ Glass Type: _____

Defect in: Vent Panel (Left / Right) Fixed Panel

Location: 1st Floor 2nd Floor Other

Description of problem: _____

Sales order number is required for approval of any service work.

NOTE: Please make sure to complete all the information required before faxing. Incomplete information may delay the response time of our Service Department.

TO BE COMPLETED BY AN INNOVATIVE WINDOWS SERVICE TECHNICIAN

CAUSE OF PROBLEM

Manufacturing Installation Handling Other

ACTION TAKEN: _____
