



U.S. Service Request Form

WORK ORDER NO.:
MAAX -

Submission Date: _____
Person Submitting: _____
Original or LPO No.: _____

Model & Color: _____
Unit Serial Number: _____

Wholesale Account Name & Address

Describe Unit Problem / Condition

Telephone: () _____
Fax: () _____
Cell Phone: _____

Homeowners Name & Address

Service Technician Phone Log

Home Phone: () _____
Work Phone: () _____
Cell Phone: _____

Homeowner Contact

Installer Name & Address

#1 _____
No response from homeowner, contact plumber.

#2 _____
No response from plumber, contact wholesaler.

#3 _____
No response from wholesaler, return to MAAX.

Telephone: () _____
FAX: () _____
E-mail: _____

Date Service Performed: _____
Service Time Required: _____
Select One: _____
Non-Warranty Damage
Factory Warranty

Service Technician Signature

Homeowner / Unit Owner Signature & Date

Office Use Only Do Not Write Below This Line Office Use Only

Homeowner Contact Date: / /
Received Completed Form: / /
Homeowner Follow-up Call: _____

Service Code(s)

Billing Amount

