



REPAIR FORM

| OFFICE USE ONLY | |
|-----------------|-------|
| QUOTE # | |
| CUSTOMER # | |

PLEASE EMAIL COMPLETED FORM BACK TO:
ORDERS@TERRACESUPPLY.COM

CUSTOMER INFORMATION: (PLEASE PRINT CLEARLY)

COMPANY NAME DATE

CONTACT NAME

ADDRESS

CITY STATE ZIP

PHONE CELL PHONE

EMAIL

REPAIR INFORMATION:

MANUFACTURER AND MODEL

SERIAL NUMBER

IS THIS A WARRANTY REQUEST? YES NO IF YES, DATE OF PURCHASE

PURCHASED FROM? INVOICE NUMBER (OR ATTACH PROOF OF PURCHASE)

ACCESSORIES INCLUDED? YES NO

PLEASE LIST ALL INCLUDED ACCESSORIES

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PLEASE FULLY DESCRIBE PROBLEM HERE:

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REPAIR EVALUATION:

PLEASE CALL WITH AN ESTIMATE YES NO

PLEASE EMAIL WITH AN ESTIMATE YES NO

| REPAIR DEPARTMENT ONLY | |
|----------------------------|-------|
| TARGET DATE FOR ESTIMATE | |
| REPAIR TECHNICIAN INITIALS | |

I UNDERSTAND THERE IS A MINIMUM 1 HOUR LABOR CHARGE (CURRENTLY \$90.00) TO EVALUATE ALL ITEMS, EVEN IF THE ITEM IS NOT AUTHORIZED FOR REPAIR BY THE CUSTOMER OR FOUND TO BE UNREPAIRABLE.

CUSTOMER SIGNATURE: DATE