

Repairs Shipping Form

Customer Information

Company:

Address:

City:

ZIP/Postal Code:

Country:

Contact Name:

Phone:

Fax:

E-mail:

Return Address

(If different from previous)

- Please provide repair estimate via e-mail
- Please provide repair estimate via fax

Purchase Order #:

Ship Date:

	Product Model Number(s)	Product Serial Number(s)	Tagging Code(s)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Description of problem(s) and/or required repairs:

Special Instructions:



**HEATING
SYSTEMS**

5918 Roper Road
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Toll Free: 1.800.661.8529