



TECHNICAL SERVICES

DATE: _____

STORE: _____

CITY: _____

CONTACT: _____

TEL.: _____

FAX: _____

CUSTOMER

Name: _____

Other: _____

Address: _____

Contact: _____

City: _____

Address: _____

Postal Code: _____

Tel. Home: _____

Tel.: _____

Tel. Office: _____

Cell.: _____

Model Name: _____

Problem: _____

Model #: _____

Color: _____

Side: _____

Plumber/Contractor/Electrician: _____

Is Unit Installed Y _____ N _____

Contact: _____

Tel.: _____

Cell: _____

Fax: _____

Original PO Number: _____

Serial Number on Unit: | | | | | | | | | | | | | | |
(Mandatory for store) Serial # consists of 13 digits (numerical) only

Date of Purchase: _____

Please fax proof of purchase. Thank you.

Remarks: _____

TECHNICAL SERVICE
Bathtubs, tub showers and showers
TEL.: 1-888-957-7816
FAX: 1-800-201-8308

TECHNICAL SERVICE
Doors and medicine cabinets
TEL.: 1-877-361-2044
FAX: 1-888-361-2045