



VIEWED FOR LIFE™

241 Arvin Ave. Stoney Creek, ON, L8E 2L9
Phone: 905-561-4335 Fax: 905-561-2335
info@delwd.ca www.delwd.ca

SERVICE REQUEST FORM

Please complete all information clearly indicating the item on the original order requiring service. In the event an operating window requires service, state which sash as viewed from the outside. Please use the following method to ensure the service request is received: **Fax: 905-561-2335** or **Email: service@delwd.ca**

DEALER INFORMATION **DEL SERVICE REFERENCE NO:**

Dealer _____ Date _____
Contact _____ Phone _____
Email _____ Fax _____
Address _____

CUSTOMER INFORMATION

Name _____ Phone _____
Address _____ Mobile _____
_____ Email _____

ORIGINAL ORDER INFORMATION

Dealer Purchase Order No _____ Date _____
Del Order No _____ Date _____
Del Invoice No _____ Date _____

SERVICE REQUIRED

Inspection Date _____
Description _____

Resolution _____

I have read and understand the Del Windows and Doors Service Policy. If the service should not be covered as stated in the warranty, I am responsible for the charges incurred.
Signature _____