



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 \_\_\_\_\_