

# SERVICE REQUEST FORM

**Please complete and ship to :**  
**Repair Center / Thomas Magnes**  
**31710 Mound Road**  
**Warren, MI 48092**  
**Phone: (586) 795-5400**  
**Fax: (586) 795-0624**



Date : \_\_\_\_\_

Customer (Dealer) : \_\_\_\_\_

Contact : \_\_\_\_\_ Phone : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_, State : \_\_\_\_\_ Zip : \_\_\_\_\_

Brand: \_\_\_\_\_

Model : \_\_\_\_\_

Serial # \_\_\_\_\_

Warranty No \_\_\_\_\_ Yes \_\_\_\_\_ (please attach proof of purchase)

Estimate Required Yes \_\_\_\_\_ No \_\_\_\_\_ Ok up \$ \_\_\_\_\_

Defect : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Ship to: (if different from address above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_