

DIVE TECH WEST

SERVICE REQUEST WORKSHEET
Print this Page and Enclose with Shipment
(please print clearly & fill out completely)

NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS : _____

PHONE: _____ FAX: _____ E-MAIL: _____

ITEMS BEING SENT: INFORMATION NEEDED: Type • Quantity • Manufacturer • Serial Number:

EXAMPLE: FIRST STAGE • (ONE) DACOR • s/n ABCD1234

1. _____

2. _____

3. _____

4. _____

WARRANTY SERVICE: _____ ESTIMATE REQUESTED: _____

COPY OF WARRANTY CARD PROVIDED: _____ COPY OF LAST SERVICE RECEIPT PROVIDED: _____

CAUTION: INCOMPLETE WARRANTY DOCUMENTATION WILL RESULT IN BILLING AT FULL PRICE.
BE CERTAIN ALL WARRANTY REQUIREMENTS ARE MET AND PAPERWORK ENCLOSED BEFORE SHIPPING..

DESCRIBE PROBLEM(S):

PAYMENT: CREDIT CARD • CASHIERS CHECK • PERSONAL CHECK
(Note: a 2 week hold may apply to personal checks)

TYPE OF CREDIT CARD: DISCOVER/NOVUS • VISA • MASTERCARD

NAME ON CARD: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____ Today's Date: _____

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Ship To: 5300 Hoskins Hill Lane S.E. Port Orchard, WA. 98367 (360) 769-2073 <http://www.DiveTechWest.com>