



**REQUEST FOR SERVICE**

*Dan Trachsel*  
 Email: [dtrachsel@diamondtubshowers.com](mailto:dtrachsel@diamondtubshowers.com)  
 Phone: 574-453-2902 Ext. 108  
 Fax: 574-453-2904

Today's Date \_\_\_\_\_ Date Purchased by Installer \_\_\_\_\_

Model # and Color \_\_\_\_\_

Repair(s) Requested \_\_\_\_\_

Distributor \_\_\_\_\_ Contact @Distributors: \_\_\_\_\_

(or person completing request)

By requesting service, the above referenced distributor agrees to pay for the requested repairs should it be determined the problem is not a Frontline Mfg. Inc. manufacturing defect.

City/State \_\_\_\_\_ Installer: \_\_\_\_\_

Phone \_\_\_/\_\_\_/\_\_\_ Fax \_\_\_/\_\_\_/\_\_\_ Installer's Phone#: \_\_\_/\_\_\_/\_\_\_

<i>Location of Unit:</i>	
Homeowner _____	Phone _____
Address _____	
<b>City/State/Zip Code</b> _____	

*A full/complete address for the location of the repair, including street & zip code, is required. Thank you.*

Contact Person for Scheduling the Repair: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name	Home/Work Phone #	Best Time to Call
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By requesting service, the above referenced distributor agrees to pay for the requested repairs should it be determined the problem is not a Frontline Mfg. Inc. manufacturing defect.

Repair Agency: \_\_\_\_\_ Fax: \_\_\_/\_\_\_/\_\_\_

**(Pictures required for payment confirmation )**

\_\_\_\_\_ / \_\_\_/ 2008 \_\_\_\_\_

Customer's Signature of Acceptance: (required) \_\_\_\_\_ Date \_\_\_\_\_