

REPAIR INTAKE FORM

CONTACT INFORMATION

Name:

Business Name:

Address:

City:

Province:

Postal:

Phone:

Email:

EQUIPMENT DETAILS

Make & Model:

Warranty: Yes No (If yes, attach copy)

Serial Number:

Other items included:

SERVICE AND REPAIR INFORMATION

Please describe the issue in detail along with any particular situational factors, if applicable:

OUR SERVICE DEPARTMENT WILL BE IN CONTACT WITHIN ONE BUSINESS DAY TO PROVIDE A SERVICE QUOTE. NO SERVICE OR REPAIR WILL BE INITIATED UNTIL APPROVAL IS GIVEN OR WARRANTY IS VALIDATED.

AUTHORIZATION

SIGNED:

NEIGHBOURHOOD INTERNAL USE ONLY

Received at: Warehouse Studio

Date: