

16341 Domestic Avenue, Fort Myers, FL 33912 • 800-432-2204

CUSTOMER. HOMEOWNER & ORDER INFORMATION

DATE: _____

| * Indicates Required Fields DEALER INFORMATION | | ** Indicates Required for Field Svc Only HOMEOWNER INFORMATION (ONLY if field service) | |
|---|--------------------------------------|---|----------------------------|
| * Dealer Name: | | ** Homeowner Name: | |
| * Contact Name: | | ** Homeowner Address: | |
| * Phone: | | ** Homeowner Phone: | |
| | | ** Homeowner Email: | |
| | ** | (CHECK ONE): □GROUND FLOOR 2N | D FLOOR □OTHER: |
| | ** JOB RE | QUIREMENTS (CHECK ONE): LADDER | LIFT SCAFFOLDING NONE |
| *ORDER #: | PO #: | | |
| | · VINYL SH, 8100 SGD): | | |
| *REASON FOR SERVICE | , | | |
| | | | |
| GLASS ISSUES (MARK ALL THAT APPLY) | | OTHER ISSUES (MARK ALL THA | AT APPLY) |
| O FOGGED GLASS | O GRIDS / MUNTINS | O BALANCER / COIL PACK | O WATER LEAK |
| O DEBRIS / BUBBLES | O SCRATCHED GLASS | O ROLLERS | O OTHER |
| | O STRESS CRACK | O SCREENS | |
| *ADDITIONAL DETAILS | • | | |
| NOTE: Please include reason, w | vindow / door size, qty, fixed or sa | sh (if panel, which panel – reference O | outside Looking In - OSLI) |
| | | DOCUMENTATION (PH | _ |