



Date: _____
Salesman: _____
Reported by: _____

20775 Chesley Drive, Farmington, MI 48336

Phone: 248-478-7788

Fax: 248-478-1475

### Service Record

Dealer: \_\_\_\_\_

Homeowner: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

**Service Issue:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Product:</b>	Window _____	Door # _____	VSGD	Storm Products
	Glass <input type="checkbox"/>	Glass <input type="checkbox"/>	2-panel <input type="checkbox"/>	Window <input type="checkbox"/>
	Vinyl <input type="checkbox"/>	Slab <input type="checkbox"/>	3-panel <input type="checkbox"/>	Door <input type="checkbox"/>
	Hardware <input type="checkbox"/>	Jamb <input type="checkbox"/>	4-panel <input type="checkbox"/>	Security <input type="checkbox"/>
	Screens <input type="checkbox"/>	Order <input type="checkbox"/>	Color _____	Storm door <input type="checkbox"/>
Order # _____	Order Date _____	Account # _____	Shop _____	

**Contact #1:**

\_\_\_\_\_

\_\_\_\_\_

**Contact #2:**

\_\_\_\_\_

\_\_\_\_\_

**Contact #3:**

\_\_\_\_\_

\_\_\_\_\_

**Parts Ordered:**

\_\_\_\_\_

\_\_\_\_\_

**Parts Returned:**

\_\_\_\_\_

\_\_\_\_\_

Date Corrected \_\_\_\_\_

Is Issue Resolved?    Yes    No

Customer Service Manager

Sales Representative