



New CONCEPT
QUALITY DOORS LTD.

Service Call Request Form

*NOTE: THIS REPORT IS TO BE FILLED OUT FOR ALL SERVICE CALLS. PLEASE INCLUDE AS MUCH DETAIL AS POSSIBLE AND HAVE IT FAXED BACK TO THE SERVICE MGR/CO-ORDINATOR. Fax: 888.357.9331

Dealer: _____	Contact: _____
Address: _____	Phone: _____
Home Owner: _____	Home #: _____
Address: _____	Work #: _____
City: _____	Cell #: _____
Door Type: _____	CO #: _____
Quantity: _____	PO #: _____

Defective Part:	Type of Problem:
<input type="checkbox"/> Frame	<input type="checkbox"/> Boring
<input type="checkbox"/> Slab	<input type="checkbox"/> Seal Failure
<input type="checkbox"/> Cladding	<input type="checkbox"/> Dents
<input type="checkbox"/> Weather Strip	<input type="checkbox"/> Wrong Door Lite
<input type="checkbox"/> Paint	<input type="checkbox"/> Warped Slab
<input type="checkbox"/> Screen	<input type="checkbox"/> Hard to Close/Open
<input type="checkbox"/> Sweep	<input type="checkbox"/> Leaking Insert
<input type="checkbox"/> Door Lite	<input type="checkbox"/> Condensation
<input type="checkbox"/> Door Lite Frame	<input type="checkbox"/> Scratched Glass
<input type="checkbox"/> Other (specify details below)	<input type="checkbox"/> Other (specify details below)

Has it been inspected? Yes No Date: _____

Comments:

Date: _____ Generated by: _____