



SERVICE REQUEST FORM

Date _____

Customer Name _____

Account # _____

Customer Address _____

Ship To: _____

Original Order # _____

New Order # _____

Original Invoice # _____

New Invoice # _____

Customer PO# _____

Customer PO # _____

Original Order Date _____

Drawing # _____

Service Request _____

Total Invoice Credit \$ _____

Applied to: Original Invoice
 New Invoice

Replacement Glass - Homeowner's Name _____

Address _____

City _____ State, Zip _____

Phone # _____

All requests for replacement items will require verification that the item is defective.
The return of the item may be requested.

Authorization Return # for Return Items

Prepared By _____ Approved By _____

PURCHASING USE ONLY:

Vendor Name _____ Original PO# _____ New PO# _____

Send to: Parrett Manufacturing, Inc.
690 E. Second Avenue
P.O. Box 440
Dorchester, WI 54425