 Technical Services

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** Click here to enter a date. | | | | | | **STORE:** |  | |
|  | | | | | | **CITY:** |  | |
|  | | | | | | **CONTACT:** |  | |
|  | | | | | | **TEL:** |  | |
|  | | | | | | **FAX:** |  | |
| CUSTOMER | | | | | |  | | |
|  | |  | | | |  |  | |
| **Name:** | |  | | | | **Other:** |  | |
| **Address:** | |  | | | | **Contact:** |  | |
| **City:** | |  | | | | **Address:** |  | |
| **Postal Code:** | |  | | | |
| **Tel Home:** | |  | | | | **Tel:** |  | |
| **Tel Office:** | |  | | | |  | | |
| **Cell:** | |  | | | |  | | |
|  | | | | | |  | | |
| **Model Name:** | | |  | | | **Problem:** |  | |
| **Model #:** | | |  | | |
| **Colour:** | | |  | | |
| **Side:** | | |  | | |
| **Plumber/Contractor:** | | | | |  | **Is Unit Installed** Yes  No | | |
| **Contact:** | | |  | | |  | | |
| **Tel:** | | |  | | |  | | |
| **Cell:** | | |  | | |  | | |
| **Fax:** | | |  | | |  | | |
|  | | | | | |  | | |
| **Original PO Number:** | | | |  | | **Serial Number on Unit:** | |  |
| **Date of Purchase:** | | | | Click here to enter a date. | | *Mandatory – Serial number consists of 13 digits numerical only* | | |
|  | | | | | |  | | |
| **Remarks:** |  | | | | | | | |

**TECHNICAL SERVICE TECHNICAL SERVICE**

Bathtubs, tub showers and showers Doors and medicine cabinets

TEL.: 1-877-GET-MAAX (1-877-438-6229) TEL.: 1-877-GET-MAAX (1-877-438-6229)

FAX: 1-800-667-9247 FAX: 1-877-636-6250