Service Request Form

Business Hours: 9AM to 5:30PM
Monday through Friday
(847) 438-2233

Ship To:
Maxx Products
Attn: Customer Service
815 Oakwood Rd, Unit D
Lake Zurich, IL 60047

1. CUSTOMER INFORMATION (Please Print)

NAME

STREET NAME

CITY STATE ZIP CODE

PHONE

E-Mail Address

2. SHIP TO INFORMATION *(IF DIFFERENT FROM CUSTOMER INFO)*

NAME

BUSINESS NAME (IF APPLICABLE)

STREET NAME

CITY STATE ZIP CODE

3. RETURNED ITEM INFORMATION *NOTE: PLEASE BE EXACT WHEN LISTING RETURNED ITEMS*

Model Name(s) or Part Number	Quantity	Description of Problem/Failure

5. PURCHASE INFORMATION

PURCHASE DATE: (MM/DD/YY): _____/_____/_____

WHERE PURCHASED: _____

Be sure to provide a copy of your receipt for all warranty repairs. If one is not provided, product warranty is left to the technician's discretion.

6. SIGNATURE DATE: