

WORKORDERFORM

This form **MUST** accompany your item(s) for any requested services and serves as a contract between Premier Safety and the customer listed below.

DATE			
CONTACT		EMAIL	
COMPANY		PHONE	FAX
on specialized items. The diagnostic fee will be waived	should the service estimate char ended repairs are rejected after	ges be accepted, or a replacer the estimate has been genera	overed under warrranty. Diagnostic fees may be higher ment is purchased thru the Premier Safety Service Dept. ted. This estimate is valid for 30 days based on the initial 0.00 diagnostic fee.
ITEM NAME	MODEL #		SERIAL #
1			
SERVICE REQUEST			
2			
SERVICE REQUEST			
3			
SERVICE REQUEST			
I WOULD LIKE MY ITEM(S) RETURNED \	/IA		
FEDEX ONext Day O 2 Day UPS ONext Day O 2 Day DHL ONext Day O 2 Day	○3 Day ○Ground	MY UPS #	
BILL TO ADDRESS		SHIP TO ADDRESS	(IF DIFFERENT)
COMPANY		COMPANY	
ATTN: PHON	E	ATTN:	PHONE
ADDRESS		ADDRESS	
CITY ST	ZIP	CITY	ST ZIP
EMAIL		EMAIL	
WHICH PREMIER SAFETY LOCATION ARE	YOU SHIPPING TO?		
O DETROIT 33596 STERLING PONDS BLVD. ATLANTA 140 SATER STERLING HTS, MI 48312 586.840.3200 SUWANEE, GA 30024			→ TORONTO 2283 ARGENTIA RD. UNIT 26 MISSISSAUGA, ONT L5N 5Z2 905.858.3192
O DAYTON 4212 EAST RIVER RD. MORAINE, OH 45439 937.824.4400 PITTSBURGH 310 P PITTSBURGH, PA 1520			
SIGNATURE	PR1	INTED NAME	

NEED A RENTAL WHILE YOU WAIT FOR SERVICE?