

## SERVICE REQUEST FORM



A Division of W.R. Pabich Mfg.  
2323 N. Knox Ave.  
Chicago, IL 60639  
773-486-4141 (Phone)  
773-486-4812 (Fax)  
[Idealstitcherco@wrpabich.com](mailto:Idealstitcherco@wrpabich.com)

\*\*\*Please return a copy of this completed form along with the merchandise being returned for service\*\*\*

### Customer Details

Company	_____	Contact	_____	ID	_____
Address	_____	Phone	_____	Fax	_____
	_____	Email	_____		
City	_____	State	_____	Zip	_____

### Product Details

Model #	Serial #	Qty	Reason for Return	Invoice #	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BELOW THIS LINE FOR INTERNAL USE ONLY

Request received by: \_\_\_\_\_ Received on: \_\_\_\_\_

Quality Inspection by: \_\_\_\_\_ Shipped on: \_\_\_\_\_

11/10/2014