

Designers Wholesale Workroom

Service Request

Company Information	Location Information
Firm Name: _____	Sidemark: _____
Contact: _____	Address: _____
Phone #: _____	Address: _____
Order # _____	Unit #: _____
	Community: _____
	Contact: _____
	Phone: _____
	Room: _____

How to get in unit: Unit Occupied / Schedule to Meet Designer / Key Provided

Preferred Date Range: _____

Preferred Time of Day: _____

Gate / Elevator / Garage Code: _____

Ladder Size Required: 4ft / 6ft / 8ft / 12ft +

Type of Product: Manual Shade / Motorized Shade / Manual Drapery / Motorized Drapery / Soft Treatment

Other: _____

Problem to Correct (be specific): _____

DWW Use Only

Date Received:	_____
Repair Order #:	_____
Repair Assessment:	_____

Parts Needed:	_____
Tools Needed:	_____
Service Person:	_____
Action Taken:	_____
Satisfactorily Completed On:	_____
Revisit Needed: Yes / No	Reason: _____
Charge Customer: Yes / No	Amount: _____

ALL SCHEDULING WILL BE HANDLED BY DESIGNERS WHOLESALE WORKROOM

Approved for service _____