

APPLIANCE REPAIR WARRANTY FORM



APPLIANCE WARRANTY FORM

PLEASE FILL OUT ALL SECTIONS OF THE *ENTIRE* UPPER PORTION OF THIS FORM:

DATE: _____

PROJECT NAME: _____

STREET ADDRESS : _____

BLDG #: _____ UNIT #: _____

CITY, STATE, ZIP CODE _____

TENANT MOVE IN DATE: _____

PROPERTY CONTACT: _____

TENANT(S) NAME: _____

PHONE (1) #: _____

PHONE: _____

PHONE (2) #: _____

APPLIANCE TYPE: _____

OFFICE HOURS: _____

MODEL NUMBER _____

UNIT(S) OCCUPIED: YES NO

SERIAL NUMBER _____

*****ONSITE MAINTENANCE PERSONNEL MUST INSPECT AND ASSESS ISSUES PRIOR *****

DETAILED DESCRIPTION OF APPLIANCE REPAIR NEEDED:

DESCRIPTION OF REPAIR(S)/REPLACEMENT(S):

PARTS ORDERED: YES NO

DATE OF PARTS DELIVERY: _____

RESCHEDULED: YES NO

DATE THE PARTS WERE INSTALLED: _____

IF REPAIRS HAVE BEEN MADE-HAVE THE TECHNICIAN SIGN BELOW

REPAIRED BY (SIGNATURE) _____

DATE OF REPAIR _____

Please Fax COMPLETED form to 813-984-4603

FIRST FLORIDA WARRANTY DEPARTMENT SECTION:
DO NOT FILL OUT BELOW THIS LINE

APPLIANCE SUPPLIER

COMPANY NAME: _____

CONTACT NAME: _____

SCHEDULED: ONLINE EMAIL PHONE

SCHEDULED DATE: _____ Time: _____

CONFIRMATION # _____

