



TO: _____
CO: _____
EMAIL/FAX: _____
FROM: Vanner Service

Return Address: ATTN: SERVICE DEPT
4282 Reynolds Drive
Hilliard, OH 43026

RETURN FORM TO: **Kim Mays**

CO: Vanner
PHONE: 614-771-2718

Service Customer – Data Collection Form
Please fill out and fax or email back

EMAIL: kmays@havis.com

Date Form Completed: _____

Customer Name: _____

***Invoices will be emailed if provided as part of the Bill To Address. Ensures quicker delivery.

Bill To Address:

Email: _____
Line 2: _____
Line 3: _____
Line 4: _____
City: _____
State: _____ ZIP _____
Country: _____

Ship To Address:

Line 1: _____
Line 2: _____
Line 3: _____
Line 4: _____
City: _____
State: _____ Zip _____
Country: _____

☐ Commercial ☒ Residential

Service Contact Information:

Name: _____
Phone: _____
Fax: _____
E-Mail: _____

A/P Contact Information

Name: _____
Phone: _____
Fax: _____
E-Mail: _____

Method of Payment (Required for Non-Warranty Work – Please See Note at Bottom)

COPY OF TAX EXEMPT CERTIFICATE(if applicable) MUST BE RETURNED WITH FORM

Please Select One:

☐ Credit Card

☐ Pre-Payment

Purchase Order Number (Required for Non-Warranty Work)

(Customer may provide reference number if Warranty Repair)

(Subject to Prior Approval)

***** Units to be Returned for Repair *****

Model Number	Qty	DOM-S/N	Symptoms

Note: A Bench Fee of \$100 will be charged for evaluating the unit and estimating the repair cost for models not currently under warranty. Bench Fee charges will be applied towards the amount billed for the repair.

All transactions are subject to Havis Terms and Conditions,

SHIPPING: Please insure packages for cost of replacement.

Please do not use packing peanuts, they do not protect the units from shipping damage. Include RGA # on the outside of the box.