

KLISS ENTERPRISES INC. dba KLISS ELECTRONICS
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Service Request Information Form
PLEASE PRINT OR TYPE

Date: _____ Time: _____ [] On Site Service [] Carry In / Shop Service KEI Ref: _____

Selling Dealer Name and Address: _____

Customer Name: _____

Address: _____

City, State, Zip _____

Telephone numbers:

Home (_____) _____ Work (_____) _____ EXT _____

Wireless (_____) _____ Email _____

FAX (_____) _____ **Best time to call:** _____

Brand: _____ **Model:** _____

Serial #: _____ **Chassis:** _____ **Version** _____

Date of purchase: _____ (If warranty please attach verification to ticket)

Status [] COD [] Parts Warr [] Labor Warr [] CRT Warr [] **Service Cont** - Provider: _____

Contract # _____ Auth # _____

Nature of defect:
(Please be as specific as possible)

Accessories supplied: _____

Appearance / Condition of unit: _____

Freestanding [] Wall Mounted [] Built In [] Original Remote available []

If request for on site, provide directions here - use additional pages if required:

Please attach a copy of this form to products for shop service. For on site requests, FAX completed form to 219-324-3384 or email to kei@csinet.net. If end user will be calling for service directly, this form should be used as a work sheet to collect pertinent information (i.e. brand, model, serial, Date of purchase, etc.) to reduce processing time. KEI SRIF REV 04012009