



SERVICE REQUEST FORM

N.A.P. Windows & Doors Ltd.
2150 Enterprise Way, Kelowna BC V1Y 6H7
Tel: 250-762-5343 or 1-888-762-5311
Fax: 250-861-5503 or 1-888-861-5503

Store: _____

Installed By: Dealer Ind. Contractor Other NAP

Installation done by: _____

Customer Name: _____

Address: _____

City: _____

Person to Contact: _____

Phone #: Residence: (_____) Work: (_____)

Email Address: _____

**** Copy of Original Bill of Sale is Mandatory ****

Original P.O. #: _____

Original Install Date: _____

Original NAP W.O. #: _____

Specific nature of problem: (Please be detailed and provide pictures)

Please keep copy of fax transmission

Customer Signature: _____ Date: _____

OFFICE USE ONLY

DATE RECEIVED: _____ SERVICE TICKET # _____