

Frontline Mfg. Inc.
P.O. Box 916
Warsaw, IN 46581



Diamond
TUB & SHOWERS

Ashlie Yates

Warranty & Customer Service
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REQUEST FOR SERVICE

MANUFACTURER: _____ DATE: _____

BILLING ADDRESS: _____

CITY/ STATE/ ZIP: _____

CONTACT: _____ PHONE: _____

DATE UNIT BUILT: _____ SERIAL#: _____

DEALER: _____ CONTACT: _____

ADDRESS: _____ CITY/ STATE/ ZIP: _____

(If the unit is located at the Dealership, a complete address for the Dealer is required)

PHONE: _____ CONTACT: _____ DATE RETAIL SOLD: _____

OWNER: _____ ADDRESS: _____

CITY/ STATE / ZIP: _____

(A complete address, including zip code, where the unit is located is required before service can be scheduled.)

HOME PH: _____ WORK PH: _____ CELL PH: _____

COLOR: _____ SPECIFIC PROBLEM: _____

BY REQUESTING SERVICE, THE ABOVE REFERENCED MANUFACTURER AGRESS TO PAY FOR REQUESTED REPAIRS SHOULD IT BE DETERMINED THE PROBLEM IS NOT A FRONTLINE MFG, INC. MANUFACTURING DEFECT.

COMMENTS: _____
(PICTURES ARE REQUIRED FOR PAYMENT AND VERIFICATION)

DATE: _____

OWNER ACCEPTANCE (Signature Required)

REPAIR AGENCY PLEASE E-MAIL SCHEDULED DATE
FOR REPAIR
THANK YOU FOR YOUR ASSISTANCE