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SERVICE CALL

Date: _____ **Sales Rep:** _____ **Manufacturer:** _____

Dealer: _____ **Dealer Contact:** _____ **Area Code** _____ **Phone** _____

Equipment Site: _____

Site Area Code _____ **Phone Number:** _____ **Site Contact:** _____

Hours of Operation: _____ 'till _____

Model #: _____ **Serial #:** _____

Date of Installation: _____

Factory Authorization #: _____ **Factory Contact:** _____

Description or Complaint:

Service Agent: _____ **Factory Authorized? (Y/N)** _____ **Agent A/C** _____ **Phone #:** _____

Agent Contact: _____

Service call made by: _____

Office Copy: _____ **Sales Rep Copy:** _____

Notes:

Pecinka Ferri Associates makes no guarantee that the service will be covered under a factory warranty, & does not guarantee payment to agency for same. All warranty determinations shall be made exclusively by the respective factory and service agency.

Follow up:

Date: _____ **By:** _____

Complete: _____