## BECKER FURNITURE REPAIR – Service Request Form (1) Per customer

Date of Request: _____

Customer First and Last Name: _____

Customer Phone Number (s): _____

Customer E-Mail: _____    Customer

Address, City, Zip:
_____

Retailer Name and Store #: _____

Retailer Contact & Ph#: _____

Retailer Email: _____

Retailer Phone Number: _____

Retailer Address: _____

Date Received in Store: _____

Mfg: _____ PO#'s per item: _____

Type of Furniture: _____

List All Item #(s): _____ List

All Sku #'(s): _____ Please

explain the issue you're experiencing (provide as much detail as possible:
_____