Praxis Companies, L.L.C.

Field Service Work Order

Work Order # _____

E-Mail: _____

435 Industrial Road
Savannah, TN 38372

Phone: 800-443-7269
Fax: 731-654-0030

NOTICE: THE CUSTOMER/HOMEOWNER MUST BE CONTACTED WITHIN 24 HOURS !

Distributor/Wholesaler/Customer:

Name: _____
Address: _____
City: _____ State: _____
Contact: _____ Zip: _____
Phone: _____
Fax: _____

Homeowner/Jobsite:

Name: _____
Address: _____
City: _____ State: _____
Contact: _____ Zip: _____
Phone: _____
Fax: _____

Brand (check one)	
Aquarius Residential	
Hamilton Residential	
Aqaurius Commercial	
Hamilton Commercial	
Comfort Designs	

Model Number	Serial #	Date Purchased	Date Installed	Hand/Color	Quantity	Description Of Defect / Damage
Special Instructions						

STATUS (check one)

EMERGENCY (Unit Leaking) _____

NORMAL _____

THE PRAXIS COMPANIES DO NOT ASSUME RESPONSIBILITY TO REPAIR DAMAGES DUE TO IMPROPER HANDLING, INSTALLATION, OR USE. AUTHORIZATION MUST BE GIVEN BY THE PRAXIS WARRANTY MANAGER PRIOR TO REPAIRS BEING MADE.

Service Company:

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Customer/Homeowner Approval: "THE ABOVE DESCRIBED WORK WAS COMPLETED IN A SATISFACTORY MANNER."

SIGNATURE: _____ **DATE:** _____

Note To Repair Service: The Following Must Be Submitted Before Payment Will Be Made (1) A Signed Copy Of This Work Order; (2) Photographs Of The Damages Before And After Repairs, A Photograph Of The Unit, And (3) Your Invoice Billed According To The Standard Payment Rates.