

*** Please e-mail or Fax this Service Request Form
to canadacatalyst@vwr.com OR Fax: (514) 344-0133

VWR SERVICE REQUEST

Service Requested By: _____ Date: _____

Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ E-mail Address: _____

Phone # : _____ Fax # : _____

TYPE OF SERVICE:

VWR Warranty: _____ Parts & Labour: _____ Labour Only: _____ Non-Warranty: _____



FOR WARRANTY SERVICE, INDICATE ORIGINAL P.O. # OR INVOICE #

P.O. # OR INVOICE #: _____ Date Purchased: _____

FOR NON-WARRANTY SERVICE, WE REQUIRE A PURCHASE ORDER #

PURCHASE ORDER # : _____

LOCATION WHERE SERVICE IS TO BE PERFORMED IF DIFFERENT THAN ABOVE

Company: _____

Address: _____ Bldg., Dept. _____

City: _____ Province: _____ Postal Code: _____

Contact: _____ Phone # : _____ Fax # : _____

E-mail _____

TYPE OF EQUIPMENT TO BE SERVICED

VWR CATALOG # : _____

Description: _____

Make: _____ Model: _____ Serial # : _____

DESCRIPTION OF PROBLEM:

FOR INTERNAL USE ONLY (Below this line)

Date Issued:	Work Order #:	Branch Invoice # :
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Notes/Desc. of Work Done:

Date Work Completed:

Technician:
