Praxis Companies, L.L.C. Work Order # **Field Service Work Order** E-Mail: Phone: 800-443-7269 435 Industrial Road Savannah. TN 38372 Fax: 731-654-0030 NOTICE: THE CUSTOMER/HOMEOWNER MUST BE CONTACTED WITHIN 24 HOURS! Distributor/Wholesaler/Customer: Homeowner/Jobsite: Brand (check one) Name: Name: Aquarius Residential Hamilton Residential Address: Address: City: State: City: State: **Agaurius Commercial** Contact: Contact: Hamilton Commercial Zip: Zip: Phone: **Comfort Designs** Phone: Fax: Fax: Model Number Serial # Date Purchased Date Installed Hand/Color Quantity Description Of Defect / Damage STATUS (check one) **EMERGENCY** (Unit Leaking) NORMAL Special Instructions 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: _____ Address: Name: State: City: Phone: Fax:

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.

DATE:

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

SIGNATURE: