



Grundorf Corporation
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Council Bluffs, IA 51501
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RA # _____
Date Issued _____

Grundorf Service Request Form

This request expires
30 Days from date issued.

THIS FORM MUST BE FILLED OUT COMPLETELY AND RETURNED WITH YOUR REPAIR.

RETURN NAME AND ADDRESS:

Grundorf Dealer Account Number (if applicable): _____

Return Shipping Name: _____

Street Address (We cannot ship to a PO Box): _____

City: _____ State: _____ Zip: _____

Telephone (Daytime): _____ Other Phone: _____

Email Address: _____ FAX: _____

Special Return Shipping
Instructions: _____

PRODUCT INFORMATION:

Product Model Number and Serial Number (if applicable): _____

Is the product under warranty? No Yes

**IF YES, you must provide a sales slip or other proof of purchase date to validate warranty.
All repairs without a proof of purchase are considered out-of-warranty and will be charged.**

Please provide a detailed description of the problem and any special instructions

Check this box if you require an estimate prior to repair - charges may apply.

FOR YOUR SECURITY, DETACH CREDIT CARD INFORMATION PRIOR TO RETURNING PRODUCT.
CREDIT CARD PAYMENT INFORMATION (NON-WARRANTY REPAIRS ONLY):

VISA MasterCard Discover American Express

Card Number: _____

Expiration Date: _____ Security Code (on back of card): _____

Name as appears on card: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____ Zip: _____