

**C & S SOLUTIONS
SERVICE REQUEST FORM**

COMPANY: _

NAME: _

PHONE NUMBER: (

DATE: _____

FAX NUMBER: (

PO: _____

EMAIL:

REQUEST #: C54530513

BILLING ADDRESS	SHIPPING ADDRESS

ITEM	SERIAL NUMBER	DESCRIPTION OF FAULT

ESTIMATE REQUIRED: YES NO

**C & S SOLUTIONS, INC
10620 NEW HAVEN RD
HARRISON, OHIO 45030
REPAIR DIVISION
OFFICE: 513-922-7444
CELL: 513-739-3082
FAX: 513-941-5410**

**C & S SOLUTIONS WARRANTIES ALL
LABOR/PARTS FOR 90 DAYS**