

**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**  
**10055 Progress Way**  
**Harrison, Ohio 45030**

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

**REPAIR DIVISION OFFICE:**  
**513-922-7444**  
**CELL: 513-739-3082**  
**FAX: 513-941-5410**