



Elite Living Inc.
 351 Hanlan Road Unit 7-11
 Woodbridge, ON L4L 3T1

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 Fax: 905-851-0037
 Email: service@eliteliving.ca

RA#: _____
 Date Issued: _____
 Issuer: _____

SERVICE REQUEST FORM

Invoice Number _____

Invoice Date _____

Date of Shipment Received _____

Sold To _____

Request For: 1. Parts _____
 (circle one & specify) 2. Discount for Defect/Damage _____
 3. Exchange _____
 4. Return for Credit _____

Item Code	Item Description	Qty	Problem	Date of Occurance	In Original Box? (Y/N)

****Please fill out all above required fields****

For Office Use Only:	
Received By	_____
Items Condition	_____
Re-sellable?	_____
Date Replacement Issued	_____
Date Refund/Credit Issued	_____
Comments	_____