

PARTS REQUEST FORM
PLEASE FILL OUT FORM AND EMAIL BACK TO:
SERVICE4@HHCUSACORP.COM

DATE:

PO#

DEALER:	DEALER ACCT#:
DEALER ADDRESS:	
PHONE NUMBER:	DEALER EMAIL:

CUSTOMER NAME:
CUSTOMER ADDRESS:
PHONE NUMBER:
CUSTOMER EMAIL:

PLEASE MARK ONE: SEND PARTS TO DEALER _____ OR TO CUSTOMER _____

MODEL NUMBER:	SERIAL NUMBERS:
DATE OF PURCHASE:	DATE OF DELIVERY:

PLEASE MARK ONE: STORE TO INSTALL _____ OR NEED TECH FROM US _____

PART NEEDED:
IS THIS REPLACING A DEFECTIVE PART?
IS THIS REPLACING A MISSING PART?
DESCRIPTION OF ISSUE:
WAS THIS DIAGNOSED BY A TECHNICIAN?
IS THERE A TECH REPORT SUPPORTING NEED OF PART?

FOR CHARGED PARTS:

TYPE OF CREDIT CARD:	NAME OF CARD:
CARD #	EXP DATE: SVC:
BILLING ZIP CODE	

OFFICE USE ONLY:

SHIP DATE:	PART & TRACKING NUMBERS:	SS :	EMAIL: