VU WINDOW TREATMENTS

SERVICE REQUEST FORM

DATE: 2/16/26	ORIGINAL WORK ORDER # VU60493	REWORK #
NAME: MARONDA	INVOICE #:	INVOICE NUMBER:
LOT # 23 SUBDIVISION: MARONDA	ORIGINAL INSTALL DATE: 2/16/26	
ADDRESS: 7776 105th Ave	REQUESTED BY: Carlos	SALES PERSON:
CITY: Vero Beach ZIP: 32967		
CONTACT PERSON: Dalton		
CONTACT NUMBER: 321 507 9201	ORIGINAL INSTALLER: Carlos	

DESCRIPTION

LINE # - WHAT IS THE PROBLEM?:

Line	Room	Blind	WINDOW Width	WINDOW Length	BLIND Width	BLIND Length	IB or OB	OWL or OWR	Fabric Only
	SGD	incorrect	78	96	TRACK XX		OB	~~OWR~~	SPLIT
	SPOKE	TO LISA							

WHERE DID YOU PUT THE BLINDS?: ONSITE / VAN / SHOP LOCATION: Brought to SHOP PER LISA

WHERE DID YOU PUT THE HARDWARE AND ACCESSORIES? ONSITE / VAN / SHOP LOCATION: SHOP.

WHAT IS NEEDED TO COMPLETE THE SERVICE?: (1) SGD 78 x 96 OWR

TRIP FEE		SUBTOTAL	
SERVICE FEE		SALES TAX	
PARTS FEE	SCHEDULED: 3/2	TOTAL	

PLEASE ATTACH COMPLETED SERVICE WITH ORIGINAL ORDER

Enter this order in accordance with the prices, terms, and specifications listed above.

Installer:_____ was here on __/__/2026 and the service WAS / WAS NOT completed.
(Circle One)

_____

Customer Authorization: **Date**