



Casket Lowering Device Repair and Refinishing Form

Please include a copy of this form with your device when you ship it to: ATTN: REPAIRS Frigid Fluid, 11631 W. Grand ave. Northlake, IL 60164

COMPANY NAME _____ CONTACT NAME _____

ADDRESS, CITY, STATE, ZIP _____

TELEPHONE (____) _____ FAX (____) _____ EMAIL _____

PLEASE CIRCLE ALL THAT APPLY TO THE DESCRIPTION OF YOUR DEVICE:

- MODEL:** MASTER IMPERIAL IMPERIAL 2.0 STANDARD
- TUBING FINISH:** STAINLESS STEEL CHROME MIXED (SS & CHROME)
- SENDING:** FULL DEVICE OPERATING END OPERATING & DEAD END
- PLACER SET STRAPS END ROLLER END STOP
- GUIDE RODS FLANGES SIDE RAILS – PLAIN or GEARS

SERIAL NUMBER (ex: AI-12345 or AM-12345) _____

DESCRIPTION OF PROBLEMS YOU ARE EXPERIENCING

For office use only, please do not write below this line:

DATE RECEIVED _____

JOB NUMBER _____

RECOMMENDED REPAIRS:

Quantity	Part Number	Quantity	Part Number	Quantity	Part Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____