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:

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