

MAIL:

203 Industrial Drive

Redwood Falls, MN 56283

CUSTOMER SERVICE REQUEST FORM

DATE:

DEALER:		CUSTOMER:		
CONTACT:		HOME:	CELL:	
PHONE:	FAX:	WORK:		
S/N:		DATE OF MFG:		
	IDE AS MUCH INFORMATION AS POSSIBL ASE SEND PHOTOS	E ON ITEMS NEEDING REPAIRS, SUCH AS	S COLORS, SIZES, LOCATIONS, ETC. IF	
ITEM #	S	ERVICE ISSUE	ROOM	
	OF THIS REQUEST FORM NORTHSTAR WILI FICATION THAT ALL ITEMS ARE CORRECT. S		OF THE WORK ORDER WILL BE SENT TO	
PLEASE RETURN VIA:		X		
FAX:	507-320-9564	CUSTOMER	DATE	
E-MAIL:	service@northstarsb.com			