



Supporting Information for Back Charges

Date: _____

Customer: _____
Reporter's Name / Distributor's Name

Job Name: _____

Job Location: _____
Street Address City State

Total Door's Job#: _____

Door#(s)/Location(s): _____

Regarding: _____
Part #/Part Name

Please provide an accurate and descriptive report.

Job Site Labor Hours: _____

I have read & understand the Warranty and Back Charges Timetable document.
Initial & date in box

Factory Use Only

Reason for Charge Back: Customer Service - Warranty

Amount Due: _____

Approvals:

Total Door Service Technician

Total Door CEO