

# GUARDSMAN SERVICE REQUEST INFORMATION FORM

FULL COMPLETION OF THIS FORM is required to process your service request.

Only one Service Request Form is to be used per piece of furniture.

Answer ALL questions, enclose a COPY OF THE ORIGINAL SALES RECEIPT and return completed form within 10 days.

Attach a separate sheet for additional information or photographs if necessary.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

▪ PROVIDE A PHONE NUMBER WHERE YOU CAN BE REACHED BETWEEN 8 AM UNTIL 5 PM.

1<sup>st</sup> Phone : ( ) \_\_\_\_\_ 2<sup>nd</sup> Phone Option: ( ) \_\_\_\_\_

Guardsman Plan Name \_\_\_\_\_ Plan Letters & Numbers: \_\_\_\_\_

▪ A COPY OF THE ORIGINAL SALES RECEIPT IS REQUIRED FOR FURTHER PROCESSING.

Retailer Name \_\_\_\_\_

Retailer Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Furniture Category** (circle one) Fabric Leather Wood Mattress

Piece of Furniture (ie: sofa, dining table, bed, sectional) \_\_\_\_\_

Information from "Do Not Remove" Tag (usually found under cushion): Cleaning Code - FABRIC ONLY **S W WS X**

Serial Number \_\_\_\_\_ ACK Number \_\_\_\_\_

Date damage occurred (M)\_\_\_\_/(D)\_\_\_\_/(Y)\_\_\_\_ Date delivered (M)\_\_\_\_/(D)\_\_\_\_/(Y)\_\_\_\_

Did you attempt to clean/repair the damage? If yes, what did you use? What was the result?

\_\_\_\_\_

Explain, in detail, the damage that you are reporting. Be sure to include the size of the damage (ie. 3" ink stain on right cushion).

\_\_\_\_\_

\_\_\_\_\_

Explain in detail the incident or accident that caused the damage

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have or will you make an insurance claim against this damage? \_\_\_ YES \_\_\_ NO

**CIRCLE YOUR TIME ZONE:** EASTERN CENTRAL MOUNTAIN PACIFIC OTHER

### FRAUD NOTIFICATION

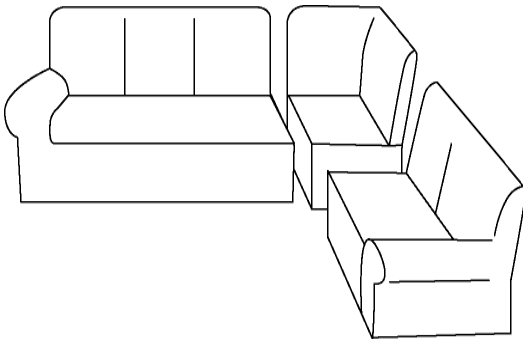
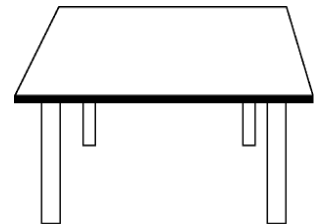
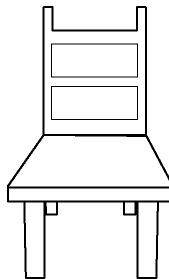
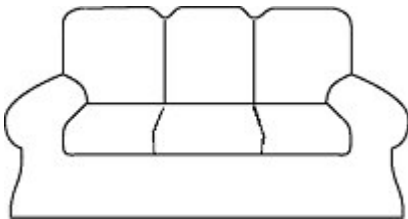
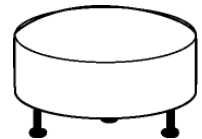
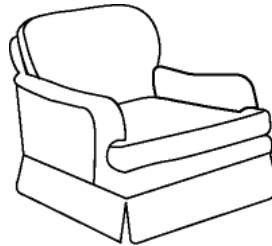
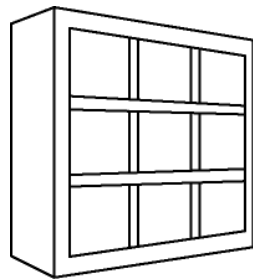
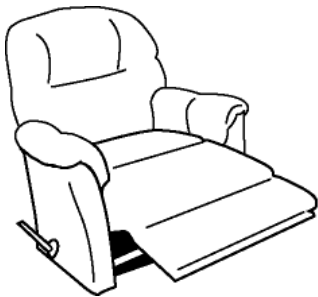
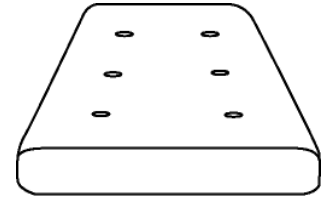
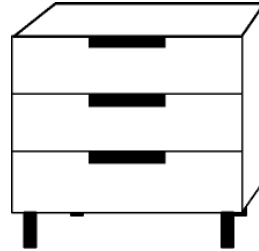
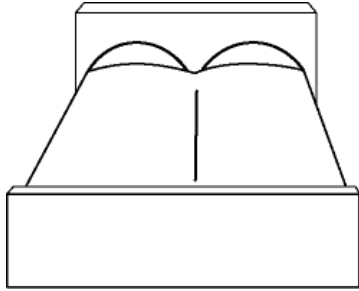
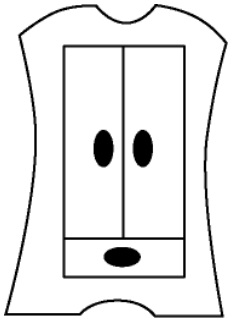
It is our policy to actively pursue and prosecute people who submit false or fraudulent claims. Fraud results in higher costs to you, the customer. By vigorously investigating dishonest claims we help protect the interests of all honest customers.

**I VERIFY THAT THE INFORMATION ON THIS CLAIM FORM IS ACCURATELY DOCUMENTED:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Circle** the picture that most closely resembles the damaged furniture. **Place an X** on the location that best shows where your stain or damage is located. If damage is on the back- write **BACK**, if damage is on the side- write **SIDE**.

**Indicate** if cushions are *attached* or *removable*. (circle one)



*Optional*- Draw your own furniture or attach a photograph.

**To complete the Service Request Process:**

Verify that all information on this form is correct.

Send the completed and signed request form with the sales receipt copy to :

**Guardsman Service Center  
P.O. Box 88010  
Grand Rapids, MI, 49518-0010**

**Before sending the Service Request Form back to Guardsman make sure to include the following:**

- Your Guardsman Protection Plan number (Series of letters & numbers on the front of the Plan)
- A legible copy of your Sales Receipt showing the furniture and purchase of the Guardsman Protection Plan
- A detailed description of the type of damage and how it occurred. Please ensure all information is complete