



INTERNATIONAL SAFETY SYSTEMS INC.

Your Source for Safety

Service Work Order Request

Date: _____

PO Number: _____

Please fill out this form and fax to (905) 898-1597 for a Work Order Authorization number.

Bill To:

Company: _____

Contact: _____

Address: _____

Tel #: _____ Fax #: _____

Ship To:

Company: _____

Contact: _____

Address: _____

Tel #: _____ Fax #: _____

Returned Item Information

Item Description	Model #	Serial #	Reason For Return/ Service Request
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Order Policy:

- 1) Please fax this form, upon completion, to request a Work Order number. A service technician will contact you with a Work Order Number.
- 2) Product must be properly packaged in the original manufacturer's box or an equivalent and the Work Order number must be visible on the outside of it. Products not shipped properly will be returned at sender's expense.
- 3) PosiChek³ pricing includes round trip shipping across Canada. All other goods are to be shipped prepaid to our location.

Internal Use Only

Work Order # _____

Issue Date: _____

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Newmarket, Ontario
L3Y 8V6

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