



Equalizer Systems
Service Request Form

Date _____

Dealer/Service Center

Phone number _____ Fax _____

Technician name _____ email _____

Coach or Trailer mnf _____ Model _____

Model number _____

Customer name _____ Date of Original Purchase _____

Coach serial number _____ Mileage _____

Vin number _____ Date of Manufacture _____

Warranty? Y/N

Description of problem: _____ Has problem been confirmed Y/N _____

Parts Shipping Info:	EQ System Info (may be required) Y/N
	controller info
	keypad info
	pump info

Return info to Equalizer Systems: Fax (574) 266-6083 Attn: Service Dept.