

Service Request Form

Send Completed Form With Equipment To: DiVal Safety Equipment - Service Center
1701 Niagara Street Buffalo, NY 14207

Your Accounts Payable

*Customer #:

UPS/FedEx #:

Repair PO #:

Return Ship Address

*Company Name:

Company:

*Address:

*Contact Name:

*City:

*Address:

*Zip:

State:

*City:

State:

*Email:

Country:

*Zip:

Country:

*Phone:

*Email:

*Contact Name:

Return Via:

*Phone:

All fields must be completed to ensure timely & accurate service.

Equipment Information 1st Piece

*Make:

*Model:

Serial #

Category:

☐

Gas Detection

☐

SCBA

☐

Fall Protection

☐

Fire Extngrisher

Other:

Service Required:

Equipment Information 2nd Piece

Make:

Model:

Serial #

Category:

☐

Gas Detection

☐

SCBA

☐

Fall Protection

☐

Fire Extngrisher

Other:

Service Required:

Equipment Information 3rd Piece

Make:

Model:

Serial #

Category:

☐

Gas Detection

☐

SCBA

☐

Fall Protection

☐

Fire Extngrisher

Other:

Service Required:

Equipment Information 4th Piece

Make:

Model:

Serial #

Category:

☐

Gas Detection

☐

SCBA

☐

Fall Protection

☐

Fire Extngrisher

Other:

Service Required:

All fields must be completed to ensure timely & accurate service.