

Repair Service Request Form



Please print this form, complete the information and enclose it with your system.

Ship to:
GoodVac.com
8923 S Octavia Ave.
Bridgeview, IL 60455

Bill to:
Name: _____
Address: _____
City, State & Zip _____
Daytime Telephone # _____
Email Address: _____

Ship to: (if different than Billing Address)
Name: _____
Address: _____
City, State & Zip _____
Daytime Telephone # _____

NOTE: We may not be able to ship to P.O. Boxes

My vacuum Information

Brand _____ Model _____

Comments / Problems with my vacuum _____

I would like to purchase the following supplies and/or accessories:

My Payment information:

Credit Card #: _____ Expiration Date _____

CW# _____ (3 digit code from the signature box or 4 digits from front of Amex. card)

I authorize a charge of \$ _____ plus sales tax (Illinois customers ONLY)

Signature _____ Date ____ / ____ / _____

Personal Checks or Money Orders should be made payable to GoodVac.com Corp.

service@goodvac.com

Phone 800-775-6586