

TUB MEDIC



TUB & SHOWER REPAIR & RECOLORING

REFINISH REQUEST

Fax to: 952-440-2465

Date: _____

Repair by date: _____

Customer Name: _____

Contact: _____

Address: _____

City: _____

Zip: _____ Phone: _____

Cell: _____ Fax: _____

Lock Box #: _____

Garage Door code: _____

Billing Name: _____

Contact: _____

Address: _____

City: _____

Zip: _____ Phone: _____

Cell: _____ Fax: _____

Type of item to be resurfaced: _____

Existing color: _____ New Color: _____

Has item been previously refinished: _____

Directions: _____

Remarks: _____

Type of Payment: Credit Card / PO / Check / Cash / Other _____

Note: Please remove all items in area to be refinished.