



THE TRADING POST, LLC
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SERVICE REQUEST

**Please print, and fax completed form to (860)354-9389
Feel free to call us with any questions.**

SERVICE: _____

TODAY'S DATE: _____

NAME: _____

STOVE TYPE:

ADDRESS: _____

___WOOD ___PELLET ___GAS ___COAL

CITY: _____

BRAND _____ YEAR: _____

STATE: _____ ZIPCODE: _____

MODEL: _____

PHONE: _____ (HOME)

PREFERRED DAYS OR TIMES FOR SERVICE:

PHONE: _____ (WORK)

SERVICE INFORMATION:

SCHEDULED TIME: _____AM _____PM

SCHEDULED DATE: _____

CUSTOMER AT HOME: _____

LAST SERVICE DATE: _____

DRIVER/DIRECTIONS: _____

PAYMENT INFORMATION:

PAYMENT METHOD:

TOTALS:

___CREDIT CARD ___CHECK ___CASH

SERVICE FEE \$ _____

CT TAX (6%) \$ _____

TOTAL DUE: \$ _____