

Instructions for Work Order Generation

For repair services on your Gatekeeper Gate Opener, please pack it securely and insure it. Include this workorder form, and proof of your purchase including purchase date and payment method. Fill out the workorder completely including your return shipping address and contact information. If your unit is a YG swing type opener, ship only the part that needs to be repaired, i.e. actuator, control box etc. Do not return brackets, remotes or other accessories, **but do include the keys**. If your unit is an SK sliding gate unit, include the motor/control board, and the cover. Do not include the base chain etc. If it has been more than 1 year since the purchase of your Gatekeeper unit, then there will be repair charges. The service department will contact you via email and inform you of the charges to obtain approval to proceed with the repair and a payment method or you can specify your payment method on the form if you want them to go ahead without obtaining prior approval. Repair parts or refurbished units will only be shipped once you in warranty item has been received, however if you would like us to advance ship you parts or a refurbished unit, we will provided you check the deposit box and provide a payment method. There will be a \$200 deposit required on YG and SK motor parts and a \$100 deposit on YG and SK control boards. The deposit will be returned to you once the in warranty item has been received. Once you have completed this form, please email it to support@baldwinpines.com or fax it to: (256) 498-0469.

Thank you, for your cooperation and your business.

BaldwinPines, Inc.
224 McLemore Pvt. Dr.
Somerville, AL 35670
Phone: 256-797-4283
Fax: 256-498-0469
sales@baldwinpines.com

Repair Completion Date: _____

Repaired By: _____

WORK ORDER

BaldwinPines, Inc.
 224 McLemore Pvt. Dr.
 Somerville, AL 35670
 Phone: 256-797-4283
 Fax: 256-498-0469

Customer Name:	Date:
Customer Address:	Customer email Address:
Phone number:	Fax number:
Product: i.e. YG-200, SKC-500, etc.	Original Purchase Date:

- | | | | | | |
|--------------------------|---------------------------|---|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Urgent | Contact Customer Charges: | In-Warranty Repair (within 12 months of purchase) | Overstock / Refurbish | Advance Ship replacement item (Must Specify Payment Method below, deposit will be charged) | Other: (specify) |

Payment Method:

- | | | | | |
|-------------------------------|-------------------------------------|---|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> Paypal |
|-------------------------------|-------------------------------------|---|-----------------------------------|---------------------------------|

Name on Card: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Card# _____ Exp Mo: _____ Yr: _____ CVV _____

Repair Completion Date: _____

Repaired By: _____

Problem Description:

Repair Completion Date: _____

Repaired By: _____