

**Les Ventes  
BERGERON  
Sales Inc.**

Manufacturers Agent

Specializing in Plumbing  
& Heating Products

**Residential • Commercial • Institutional**

P.O Box 92, 392 Craig Street  
Russell, ON, K4R 1C8  
Phone: 613-445-4170 Fax: 613-445-0642  
gabrielg@bergeronsales.com

**MAAX LACHINE REQUEST FOR NC MATERIAL FORM**

Customer Name: \_\_\_\_\_

Date \_\_\_\_\_

Door Number: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Door Name: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Ship To:

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Part#: \_\_\_\_\_

Qty: \_\_\_\_\_

Tag Job: \_\_\_\_\_

Referred By: \_\_\_\_\_

Referral Contact \_\_\_\_\_

Notes/Comments

Our Ref#: \_\_\_\_\_

Manh. Ref#: \_\_\_\_\_

**PLEASE RETURN VIA FAX WITH MANH. REF#**

*( Please fax this parts request form to Maax Lachine 1-888-361-2045 along with proof of purchase )*