



REPAIR FORM

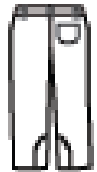
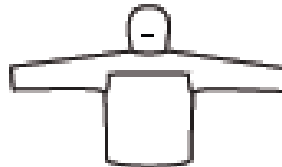
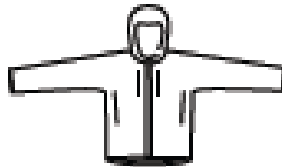
Name: _____

Address: _____

Phone Number: _____ Email : _____

Description of Item(make,model,color,size): _____

PLEASE MARK AN X FOR WHERE REPAIR IS NEEDED



Description of Repair Needed:

Cost as Calculated from Website(not including shipping): _____

Credit Card Number: _____

CC Exp. Date: _____ CC Security Code: _____ CC Billing Zip Code: _____

FOR EMPLOYEE USE ONLY

Date Received: _____ Expected Date of Completion: _____

Pre-Repair Notes: _____

Post Repair Notes: _____
