

CONSUMER REPAIR FORM

PLEASE PRINT, COMPLETE AND INCLUDE IT WITH YOUR SHIPMENT

SHIPPING INFORMATION:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Day Phone: _____

Email: _____

ORDER INFORMATION:

Item Description	Repairs to be made (mark repairs with masking tape)
Repair Estimate	

-----The bottom portion of this form will be destroyed after we have charged your card -----

PAYMENT INFORMATION:

VISA MASTERCARD DISCOVER

Cardholder Name: _____ Billing Address: _____

Card Number: _____ State: _____ Zip Code: _____

Expiration Date (mm/yy): _____

CCV (last 3 digits on back): _____

Card Holder Signature: _____