REPAIRS

Customer Information

FIRST NAME | LAST NAME

STREET ADDRESS

CITY | STATE/PROV/COUNTRY | POSTAL/ZIP

EMAIL | PHONE

Item

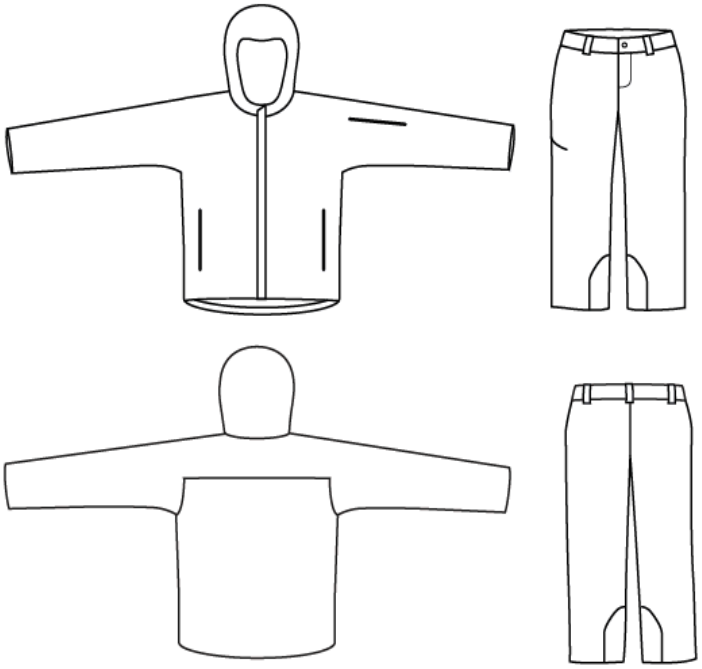
STYLE NAME / NUMBER | SIZE | COLOR

ITEM DESCRIPTION | ORDER #

STORE NAME | PURCHASE DATE

PLEASE DESCRIBE IN DETAIL THE PROBLEM:

PLEASE MARK AN **X** INDICATING PROBLEM AREA (S)



IN THE EVENT WE ARE NOT ABLE TO MATCH THE REPAIR MATERIALS TO YOUR GARMENT, WE WILL USE THE NEXT CLOSEST COLOR. IF YOU PREFER A CONTRASTING COLOR, PLEASE STATE COLOR REQUEST HERE: ……