



**REPAIR FORM**  
PLEASE PRINT (1 ) FORM PER ITEM

**CUSTOMER INFORMATION:**

Name:

Address:

City:

State:  Zip Code:

Day Phone:

Email:

**SHIP TO:**

Rainy Pass Repair, Inc.  
4415 Stone Way North  
Seattle, WA 98103  
1-888-747-7867  
www.rainypass.com



**ORDER INFORMATION:**

Warranty Repair?  Yes  No For warranty repairs, please enter the RA# or repair order #, if it was provided by the manufacturer: 780

Item Description	Repairs to be completed (please mark repairs with masking tape):

If this repair is not covered under warranty how should we contact you with an estimate?

Call me with estimate  E-mail me with estimate

**INTERNAL USE ONLY**

Called with estimate <input type="checkbox"/>	E-mailed with estimate <input type="checkbox"/>	Notes:				
(enter date below)	(enter date below)					
Repair approved (enter date):		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Sewer:</b></td> </tr> <tr> <td style="width: 50%;">Repair cost:</td> <td style="width: 50%;">Repair time:</td> </tr> </table>	<b>Sewer:</b>		Repair cost:	Repair time:
<b>Sewer:</b>						
Repair cost:	Repair time:					

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

**PAYMENT INFORMATION:** (If this is a warranty repair you may leave this section blank.)

VISA  MASTERCARD  DISCOVER

Cardholder Name:  Billing Address:

Card Number:  State:  Zip Code:

Expiration Date (mm/yy):  CCV (last 3 digits on back of card):