

CONSUMER REPAIR FORM

RETURN SHIPPING ADDRESS :

PLEASE PRINT THIS FORM, COMPLETE IT, AND INCLUDE IN THE BOX WHEN YOU SENT US YOUR ITEM.

Name:

Address:

City:

Province: Area Code:

Day Phone: Call me with an estimate Email me with an estimate

Email:



Spirit West
 #2 640 42nd Ave N.E.
 Calgary, AB T2E 7J9
 (403) 263-4520 ext.1
 spiritwest.ca

ORDER INFORMATION : Check here to ship with signature required

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

Repair Estimate (if given):

**+ Return Shipping
via FedEx Ground**

Return shipping will be calculated and added to the total repair cost after repair has been completed. Tracking info from FedEx will be sent via email on day of shipment.

INTERNAL USE ONLY (Please do not write in grey box below)

| | | | | | |
|--|--|--------------|--------------|---|--|
| Date Received: | | | | | |
| Called with estimate (enter date below) <input type="checkbox"/> | | | | Emailed with estimate (enter date below) <input type="checkbox"/> | |
| | | | | | |
| | | | | | |
| Repair approved (enter date): | | | | | |
| | | Sewer: | | | |
| | | Repair cost: | Repair time: | | |

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

PAYMENT INFORMATION :

Call me to collect payment over the phone. (Please do not write in boxes below if you check this box)

If this is a warranty repair please enter the RA#:

Cardholder Name:

Card Number:

Expiration Date (mm/yy):

CCV (last 3 digits on back of card):

Billing Address:

Province:

Area Code:

Cardholder Signature: