

Machine Drop-Off Form

PLEASE PRINT LEGIBLY

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Cell Phone: _____

Home Phone: _____

Email: _____

Machine Info

Make: _____

Model: _____

Serial #: _____

Items Left*: _____

Service Requested/Issue: _____

*Please only leave power cord/foot control, zig zag foot, and bobbin with machine.

Drop-Off Date _____



Sewing Machines, Vacuums, Parts, Notions & More!