

Customer Walk in Service

First Name: _____

Last Name: _____

Address: _____

Phone Number: _____

Email Address: _____

RMA#/CLAIM #: _____

CC – Information (If needed)

- CC #: _____ EXP: _____ CCV: _____

Product Information:

Item #1:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #2:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Notes:

Customer Signature & Date:

By signing this you agree to let us to work on the reels listed on these forms and we are not responsible for any scratches and noted imperfections noted on your reels.

Name: _____ Date: _____

CSR Initial & Date:

By signing this I have verified all listed scratches & imperfections on the customers reels and they are listed on the forms provided.

Initials: _____ Date: _____

Product Information Continued:

Item #3:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #4:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #5:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #6:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #7:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #8:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____

Item #9:

- Model # _____
- LOT # _____
- Color _____
- Description of issue: _____
- Visible Scratches/Imperfections: _____