

WATCH REPAIR FORM

(Please print off and complete this form and place in the package with your watch. Please include one form per timepiece)

CUSTOMER	R INFORMATION: (PLEASE PRINT CLEARLY)	
NAME		
ADDRESS		
		(-2
DAYTIME PHONE	NUMBER	
EMAIL ADDRESS		
REPAIR INFORMATION:		
BRAND OF WATC	CH APPROXIMATE AGE OF WAT	гсн
PERCEIVED PRO	BLEM / REQUIRED REPAIR (USE WATCH IMAGE ABOVE TO HELP US LOCATE THE PROBLEM, IF RE	QUIRED)
ANY OTHER REL	EVANT INFORMATION (E.G., PREVIOUS REPAIRS)	
IS THIS A WARRA	ANTY REPAIR (IF SO, PLEASE PROVIDE ORIGINAL REPAIR RECEIPT AND REPAIR DETAILS) Y / N	1
HOW DID YOU HE	EAR ABOUT OUR SERVICE? (PLEASE TICK)	
FACEBOOK	GOOGLE INSTAGRAM WORD OF MOUTH OTHER (PLEASE I	DESCRIBE)

POSTAGE TRACKED AND INSURED TO THE CORRECT VALUE. DON'T FORGET TO INCLUDE THIS FORM.

F.A.O. Service Department, Precise Time Watch Repairs, 37, Upper North Mall, Frenchgate Shopping Centre, Doncaster, DN1 1LJ

CUT OUT THIS SECTION AND USE AS A POSTAGE LABEL. PLEASE ENSURE THAT YOUR WATCH IS WELL PACKAGED,