

CONSUMER REPAIR FORM

RETURN SHIPPING ADDRESS :

Name:

Address:

City:

State: Zip Code:

Day Phone: Call me with estimate E-mail me with estimate

Email:

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



Rainy Pass Repair, Inc.
4415 Stone Way North
Seattle, WA 98103
1-888-747-7867
RAINYPASS.COM

REI Member Number:

ORDER INFORMATION:

Check here to ship with signature required

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

<p>Date Received:</p> <p>Called with estimate <input type="checkbox"/> (enter date below)</p> <p>E-mailed with estimate <input type="checkbox"/> (enter date below)</p> <p>Repair approved (enter date):</p>			
	<p><i>Sewer:</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><i>Repair cost:</i></td> <td style="width: 50%;"><i>Repair time:</i></td> </tr> </table>	<i>Repair cost:</i>	<i>Repair time:</i>
<i>Repair cost:</i>	<i>Repair time:</i>		

PAYMENT INFORMATION:

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

Cardholder Name:

Card Number:

Expiration Date (mm/yy):

CCV (last 3 digits on back of card):

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

Billing Address:

State: Zip Code:

Cardholder Signature