

CROWN JEWELS OHIO
MERCHANDISE REPAIR FORM

CUSTOMER INFORMATION:

NAME	
ADDRESS	
CITY	
STATE	
ZIP	

PREFERRED METHOD OF CONTACT:

_____EMAIL:_____

_____PHONE / TEXT:_____

ISSUE WITH ITEM:_____

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FOR STORE USE ONLY

COMPLETED BY:_____

DATE:_____

RETURNED TO CUSTOMER (DATE):_____