



Northwest

Camera & Video Repair *Your imaging repair specialists*

REPAIR FORM

DATE _____

Please Complete This Form and Mail/Bring to Northwest Camera with Product Needing Repair or Service

Last Name:		First Name:		Day Phone:	
Address 1:				Evening Phone:	
Address 2:				Cell Phone:	
City:		State:	Zip:	E-mail:	

Camera Information

Manufacturer:		Model #		Serial #	
Lens Manufacturer:		Model #		Serial #	
Problem Description:					
Accessories* Being Shipped: (Check all that apply) ___ Memory Card (Please Indicated Model) _____ ___ Strap ___ Lens Cap ___ Filter ___ Battery ___ AC Adaptor ___ Other (Please describe) _____					

Estimates will communicated via e-mail or phone. No repairs or service will be done without the customer's authorization. If you would like to **pre-approve** your repair or service to a specified amount please fill out the box below.

Please repair/service my camera right away if the cost of labor and parts is at or below the following.		Pre-Approved \$:	Northwest Camera & Video Repair 12720 Lake Blvd P.O. Box 79 Lindstrom, MN 55045 If you have any questions, please call us at: 651-483-8588
Credit Card Information			
Card Type: ___ MC ___ Visa ___ Discover			
Card Number:			
Cardholder Name:			
Exp. Month:	Exp Year:		