



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

First Name:		Last 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 #
Lens Manufacturer:	Model #	Serial #
Problem Description:		
Accessories Being Shipped: (Check all that apply) <input type="checkbox"/> Memory Card (Please Indicated Model) _____		
<input type="checkbox"/> Strap <input type="checkbox"/> Lens Cap <input type="checkbox"/> Body Cap <input type="checkbox"/> Eye Cup <input type="checkbox"/> Filter <input type="checkbox"/> Battery <input type="checkbox"/> AC Adaptor		
<input type="checkbox"/> Other (Please describe) _____		
Please do not send cases unless necessary		

Estimates will be 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 \$:	<p align="center">Northwest Camera & Video Repair 12720 Lake Blvd P.O. Box 79 Lindstrom, MN 55045</p> <p align="center">If you have any questions, please call us at: 651-483-8588</p>
Credit Card Information			
Card Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Am Ex			
Card Number:			
Cardholder Name:			
Exp. Month:	Exp Year:	CCV	