

ZEECRAFT REPAIR FORM



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Billing Information

Bill To (organization name): _____

Attention To (contact name): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____

Email address: (Required for Shipping Confirmation) _____

Shipping Information (if different from billing)

– **Items cannot be shipped to post office boxes.**

Ship To (organization name): _____

Attention To (contact name): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____

Email address: (Required for Shipping Confirmation) _____

Description of problem: _____

Parts included: _____

-----Do Not Write Below This Line; For Office Use Only-----

Actions taken: _____

Parts Used: _____

REPAIR TICKET NUMBER: _____

Date received: _____

Labor total: _____

Parts total: _____

Repair bundled with new order: Yes / No

Under warranty: Yes / No

