



REPAIR RETURN FORM

Please complete this form and include with your shipment.

Return Shipping Address, if different

Name _____
 Club _____
 Address _____
 City _____
 State _____ Zip _____
 Contact Phone _____
 Fax Number _____
 Email _____

Name _____
 Club _____
 Address _____
 City _____
 State _____ Zip _____
 Contact Phone _____
 Request call prior to repair _____ yes _____ no

ITEM(S) BEING RETURNED

Quantity	Item Description	Brief Description of Problem & Item Serial Number, if available

Ship items to – Shyda’s Services, Inc., 2360 Colebrook Road, Lebanon, PA 17042

Shyda’s Services, Inc. is NOT responsible for loss or damaged shipments. Package contents should be insured.

For Shyda’s Services, Inc. use:

Date received _____ Received by _____

Customer contacted _____ yes _____ no

Faults found and action taken _____

Repaired by _____