



PRECISION CAMERA REPAIR LTD.
SHIPPING FORM
CONTACT INFORMATION

NAME:

ADDRESS1:

ADDRESS2:

CITY: _____ PROV: _____

POSTALCODE: _____

EMAIL:

PHONE: (_____) _____ - _____

EQUIPMENT SENT

MAKE:

MODEL:

SERIAL#:

WARRANTY YES NO – If Yes, please include a copy of bill of sale.

ACCESSORIES

Lens Strap Case Memory Card Charger

Lens Cap Battery Filter AC Adapter

Other (please specify) _____

PROBLEM: