

*Please print, complete in pen, and send to:*

Rainy Pass Repair, Inc.  
4415 Stone Way North  
Seattle, WA 98103



## CONSUMER REPAIR FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Description of Item: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Work to be Completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate Given (estimates are not quotes and may not include shipping):

Repair: \_\_\_\_\_ Shipping: \_\_\_\_\_ Call me with estimate: Yes No

Special Instructions (alternate color choices, date needed by, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

----- **Payment Information** -----

Warranty/Bill to: \_\_\_\_\_ RA# \_\_\_\_\_

Check/Money Order: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_ (Please allow for 20% over estimate and for return shipping)

Name as it Appears on the Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV (last 3 digits on back of card): \_\_\_\_\_

Credit Cards:    Credit Card #: \_\_\_\_\_