

Please print, complete in pen, and send to:

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



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 #: _____