



REPAIR CENTER CLAIM FORM

Date _____

Claim # _____

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO PROCESS CLAIMS IN A TIMELY MANNER

CONSUMER INFORMATION (Required):

Name _____

Address _____

City _____ State ____ Zip _____

Consumer Telephone # _____

Consumer E-Mail Address _____

Consumer Signature _____

ARC OR REPAIR CENTER INFORMATION:

Account # _____

Shop Name **FINK'S LUGGAGE & REPAIR CO.**
517 SW 12TH AVE

Address **PORTLAND, OR 97203**
PHONE (503) 222-6006

City **FAX (503) 222-0506**
info@finksuggage.com

Telephone Number _____

Fax Number _____

E-Mail Address _____

Indicate All Repairs Below

Description	Qty	Cost Each	Cost Total
Bottom Foot		3.50	
Corner Foot		7.00	
Foot Bar		8.50	
Cam Buckle		5.00	
Plastic Handle Grip		5.00	
Handle System Repair		12.00	
Handle System Replacement		20.00	
Lining Repair		10.00	
Seams (per inch)		3.00	
Snaps/Rivets		1.50	
Wally Bracket		7.00	
Wheel		10.00	
Zipper Coil/Teeth (per inch)		2.00	
Zipper Tape/Seam (per inch)		3.00	
Zipper Pull		3.00	
Zipper Slide		9.00	
Side Zipper Replacement		15.00	
Main Zipper Replacement		25.00	
OTHER (Explain)		Call	
TOTAL REPAIR CHARGES*			

RETAILER INFORMATION

*If from another retailer, you must provide their ticket # or customer name

Name _____

Address _____

Style # _____ Color _____

Bag Description _____

Country of Origin _____ Code # _____

Ticket # or Name of Consumer _____

UPS Tracking # _____

Atlantic Approval # _____

*NOTE: ANY CHARGES OF \$25 OR GREATER AND/OR ANY SHIPMENTS BEYOND ZONE 3 (OR PREMIUM SERVICES) MUST BE APPROVED IN ADVANCE BY ATLANTIC WARRANTY DEPT.
1-800-245-1750, ext. 2207