



Repair Center Claim Form

Date _____

Repair Shop Claim # _____

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

REPAIR SHOP INFORMATION

Account # _____
 Shop Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number _____
 Fax Number _____
 Email Address _____

RETAILER INFORMATION (Drop off location)
 (Fill out if received from a retailer)

Name _____
 Address _____
CONSUMER INFORMATION (Required)
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Consumer Telephone # _____
 Consumer E-mail Address _____

REQUIRED: Please specify EXACT Model# and Bag Type (G, NX, etc.)

Style #: _____ Bag Description: _____ Color: _____
 Serial Number (located on interior logo plate): _____

Check off all Repairs Made Below

Description	Qty	Cost Each	Cost Total
Zipper Coil/Teeth (per inch)		2.00	
Zipper Pull		2.00	
Zipper Slide		7.50	
Corner Piping (Repair)		3.00	
Corner Foot		5.00	
Cuts, Tears, Holes in fabric		5.00	
Frame Repair		10.00	
Seams (per inch)		3.00	
Zipper Tape/Seam (per inch)		3.00	
NX Expansion System Repair/Replace		5.00	
Leather Handle Wrap		5.00	
Carry Handle Replacement		8.00	
Wheels Mold "The Outsider"		20.00	
Handle System "The Outsider"		20.00	
Quick Release Fastex Buckle		5.00	
Quick-Change Wheel		2.00	

Description	Qty	Cost Each	Cost Total
Foot Bar		7.50	
Zipper Replacement		30.00	
Lining Repair		10.00	
Corner Piping (Replacement)		15.00	
Snaps		1.50	
Rivets		1.50	
Corner Guard		5.00	
Bottom Foot		2.50	
Duffle Skid Foot		5.00	
Handle System LHS, @Work, Rolling Totes		8.00	
Wheel LHS and 1185,@Work, Rolling Totes		5.00	
"L" Bracket		5.00	
Plastic Handle Grip		5.00	
Wally Clamp		5.00	
One Touch Handle System Repair/Replace		15.00	
Handle System Lube		2.50	

Total Repair Charges _____
 (approval # required if labor is over \$20)
 Handling Fee **\$3.00** _____
 Shipping Charges (to consumer) _____
 (tracking number necessary)
 Grand Total _____

UPS Tracking Number _____
 Consumer Ship/Pick-up Date _____
 Briggs & Riley Approval #: _____
 Consumer Signature _____

ANY CHARGES \$20 OR GREATER MUST BE PRE-APPROVED BY THE BRIGGS & RILEY WARRANTY & REPAIR CENTER (fax: 650-728-5177) ALL CLAIMS MUST BE RECEIVED WITHIN 30 DAYS OF REPAIR

WHITE TO: BRIGGS & RILEY 400 WIRELESS BLVD. HAUPPAUGE, NY 11788 (accompanies monthly invoice)
YELLOW: RETAIN AT REPAIR CENTER

For Briggs & Riley Office Use Only	
Date of Consumer Survey: ____/____/____	Comments: _____