



REPAIR CLAIM NUMBER

TUM 279736

## SERVICE ORDER TICKET

DATE RETURNED \_\_\_\_\_

## STORE INFORMATION

STORE NAME \_\_\_\_\_ CONTACT NAME \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

\_\_\_\_\_  
FAX NO. \_\_\_\_\_\_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_SHIP TO STORE  DEALER CLAIM CHECK # \_\_\_\_\_

## CONSUMER INFORMATION

NAME \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

\_\_\_\_\_  
FAX NO. \_\_\_\_\_\_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_SHIP TO CONSUMER  CONSUMER SIGNATURE \_\_\_\_\_

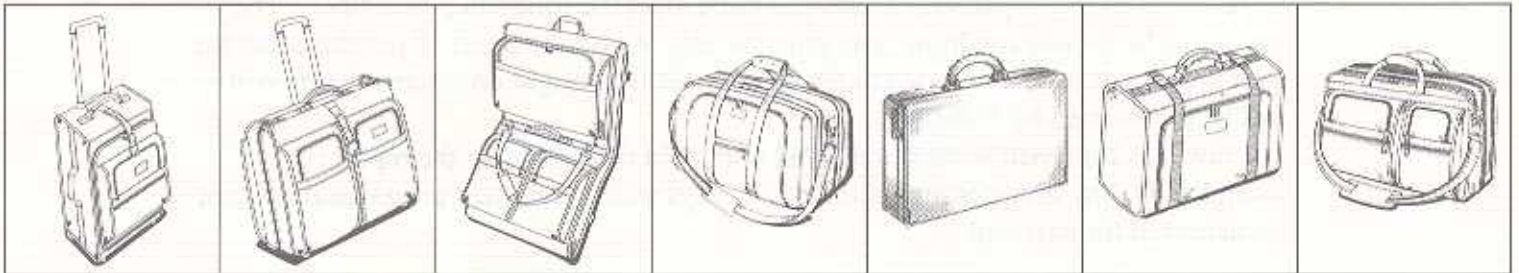
## REPAIR INFORMATION

BRAND \_\_\_\_\_ STYLE # \_\_\_\_\_ COLOR \_\_\_\_\_

PLEASE DESCRIBE REPAIRS NEEDED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_IF ESTIMATE APPROVAL IS NEEDED, WE SHOULD CONTACT: CONSUMER  DEALER 

CIRCLE AREA OF PICTURE WHICH BEST IDENTIFIES DAMAGE DESCRIBED ABOVE.



TO EXPEDITE REPAIR SERVICE, PLEASE CALL US AT 1-800-477-TUMI

TO DETERMINE THE APPROPRIATE REPAIR FACILITY

## ON-SITE WARRANTY REPAIR INFORMATION

REPAIR CODE	PART #	QTY.	PARTS PRICE	LABOR CHARGE	TOTAL
1					
2					
3					
4					

SO # \_\_\_\_\_

SHIPPING CHARGE

TOTAL AMOUNT DUE


CARRIER \_\_\_\_\_

TRACKING # \_\_\_\_\_

**BILLING REIMBURSEMENT**