



### WATCH REPAIR FORM

(Include this form with your watch when sending it in for Returns or Exchanges. One watch per form, please.)

#### CUSTOMER RETURN INFORMATION:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

ORDER # \_\_\_\_\_

RMA # \_\_\_\_\_

#### REPAIR INFORMATION:

Please briefly describe the problem here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPAIR TYPE	CHARGE
NOT under warranty- Batteries, Bracelet, Strap, Crystal, Case (Includes Return Shipping)	<b>\$30.00</b> Includes Return Shipping and Handling (United States only)

#### SHIPPING INFORMATION:

We recommend that you ship your watch to us through insured and traceable means. Please pack your watch properly to protect against damage during transit. Please enclose a copy of your proof of purchase. If you have any questions, please contact us at 1-877-547-4438

#### RETURN CHECKLIST:

- Watch(es) enclosed
- One form per watch enclosed
- Copy of Proof-of-Purchase enclosed
- Shipping label below affixed to your package

PAYMENT METHOD
<input type="radio"/> Check (Make payable to Jorg Gray Timepieces) <input type="radio"/> Money Order <input type="radio"/> Credit Card
If Credit Card, select: <input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> American Express
Name on card _____ Credit card # _____
Expiration Date: _____ Billing Address: _____ _____ Signature (Required for payment by credit card) _____

-----  
Please cut out this shipping label and attach to your return package.

SHIP TO:  
**JORG GRAY TIMEPIECES**  
**ATT: REPAIR DEPARTMENT**  
**1201 BELL AVENUE**  
**TUSTIN, CA 92780**