



CUSTOMER REPAIR REQUEST FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Product _____ **Details** _____

Form of payment: VISA MC AMEX

Card number: _____ Exp. _____

Billing Address: _____

Foil/Board Repair:

We will contact you with a repair quote before starting repair. Please describe repair:

Please include this completed form with your return. Please ship all repairs to the address below.

LP Foils - Attn: Warranty/Repair Dept
PO Box 684
Bingen, WA 98605