

## Appendix 3-9

### PRODUCT REPAIR ORDER

Authorized Dealer \_\_\_\_\_

Address: \_\_\_\_\_

Authorization No.: \_\_\_\_\_

Description of Items Needing Repair

Brand name \_\_\_\_\_ Size \_\_\_\_\_ Style \_\_\_\_\_

Quantity \_\_\_\_\_ Under Warranty ☐ Yes ☐ No

Reason for service \_\_\_\_\_

\_\_\_\_\_

Pickup Date \_\_\_\_\_

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Store Name: \_\_\_\_\_

Store Address \_\_\_\_\_  
Street City Province Postal Code

Telephone (\_\_\_\_) \_\_\_\_\_

Package requirements \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature