**2200 Markham Rd unit 5, Scarborough ON M1B2W4
647-435-5980**

**Repair Order Form**

|  |
| --- |
| Contact Information |
| First Name |  |
| Last Name |  |
| Cell Phone |  | Work Phone |  |
| Email |  |
|  |
| Item for return/ repair |
| Make |  | Model |  |
| Serial # |  |
| Accessories Included |  |
|  |

**Description Of Problem:**

**Please Fill Out Form Completely And Ship To Above Address**