



250 Innisfil Street, Unit #5, Barrie, ON, L4N 4K4  
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## WORK REPAIR ORDER FORM

### Shipping Information

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

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### REPAIR ITEM INFORMATION

Brand: \_\_\_\_\_ Colour: \_\_\_\_\_ Size: \_\_\_\_\_

### DESCRIPTION OF SERVICE NEEDED

Please Be Specific as Possible.