



QUALITY WRITING INSTRUMENTS

SERVICE REQUEST FORM

PLEASE CHOOSE ONE: RETURN EXCHANGE REPAIR

REASON FOR REQUEST:

ORDER NUMBER: _____

CUSTOMER NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

CONTACT EMAIL: _____

PLEASE SHIP ALL PACKAGES TO THE ADDRESS BELOW. INCLUDE THIS FORM INSIDE THE PACKAGE. BE CERTAIN TO ADEQUATELY PROTECT THE ITEMS TO BE SHIPPED AS WE ARE NOT RESPONSIBLE FOR ANY DAMAGE THAT TAKES PLACE DURING TRANSIT.