

Name	
Address	
City	
State/Zip Code	
Daytime Phone Number	
Email Address	
Fax Number	
Brand of Watch	
Model/Serial Number (if known)	
Date of Last Service	
Please describe the problem the watch is having (be specific)	
DATE: _____	
<p>When shipping your watch to Time-MD please do not include the original display box. We will contact you within one week of receipt either by phone or email to offer you an estimate for repair. Thank you for your business.</p>	
Ship this form with the watch to: Time-MD P.O. Box 5135 Midlothian, Virginia 23112	
Email: Mike @ Time-MD.com	