

# Shami Fine Watchmaking

P: 973-785-0004 F: 973-785-0055

## Repair Form

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Watch Brand: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Reason for Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Shami Fine Watchmaking to perform the above service(s), in addition to the necessary innovations provided within the estimate, if approved.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your timepiece with this Repair Form to:

Shami Fine Watchmaking  
372 Fairfield Rd  
Fairfield, NJ 07004