



VICTORINOX

# TRAVEL GEAR REPAIR FORM

DATE\* \_\_\_\_\_

\* Store use only.

## CUSTOMER INFORMATION

Fill out all required information below.

NAME \_\_\_\_\_

MODEL # \_\_\_\_\_

ADDRESS \_\_\_\_\_

P.O. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SIZE \_\_\_\_\_

ZIP \_\_\_\_\_

COLOR \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## REPAIRS NEEDED

Fill out all required information below.

NAME  
(Repair Person) \_\_\_\_\_

REPAIRS  
PERFORMED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARTS USED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CUSTOMER COMMENTS

## AUTHORIZED REPAIR CENTER COMMENTS