

CUSTOMER REPAIR FORM

Please print this form, complete it, & include it in the box when you send us your item.



RETURN SHIPPING ADDRESS

Name _____

Address _____

City _____

State _____ Zip code _____

Cell Phone _____ Email _____

Desired Return Date _____

Call/Text: 541-306-8727

REPAIR INFORMATION

Article Description:

Specific Repair Request: (please mark repairs with masking tape)

Enclose top portion with repair item.

RUGGED THREAD

2618 NW Marken Street

Bend OR 97703

