

DATE / /

## CUSTOMER INFORMATION

NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SHIP TO: (please provide a street address - packages cannot be shipped to a P.O. Box)

\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

## MERCHANDISE

STYLE OR BRIEF DESCRIPTION: \_\_\_\_\_

QTY: \_\_\_\_\_

COLOR: \_\_\_\_\_

PLEASE DESCRIBE WHAT YOU NEED REPAIRED:

\_\_\_\_\_  
\_\_\_\_\_

ORIGINAL SALES RECEIPT INCLUDED? (check one)

YES

NO

## SEND TO\*

LeSportsac  
Attn: Repair Department  
P.O. Box 400  
Highway 1651  
Stearns, Kentucky 42647