

Nail Labo USA Service Form

Please fill out form completely and return with your repair

Date: _____

Please send your repair item to:

Attn: Repair Department

14361 Euclid Street, Suite 3L Garden Grove, CA 92843

RETURN SHIPPING NAME AND ADDRESS:

Return Shipping Name (**Required**): _____

Deliverable Address (**Required**): _____

City: _____ State: _____ Zip Code: _____

Contact Person (**Required**): _____

Telephone (**Required**): (____) _____ Other Telephone: (____) _____

E-Mail (**Required**): _____ Fax: (____) _____

PRODUCT INFORMATION: Product Model Name / Serial Number (if applicable):

Is the Product under warranty? ____No ____Yes (If “yes” : Order # _____)

If “yes”, provide a sales slip or other proof of purchase date to validate warranty. All repairs without proof of purchase are considered out-of-warranty and will be charged.

Detailed description of the problem and any special instructions: *Required

CREDIT CARD PAYMENT INFORMATION (non-warranty repair only):

Method of Payment: __Visa __MasterCard __Discover __American Express

Number: _____

Expiration Date: _____ Security Code: _____

Name As It Appears On Card: _____

Credit Card Billing Address (if different from above): _____

*You may request a “call for credit card”. Be sure you have provided a daytime telephone number.

**You may request an estimate before process the repair, please note it on instruction section, however process time will be longer.