



REPAIR FORM

CUSTOMER INFORMATION

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

BLIND INFORMATION

Date: _____

Products To Be Repaired: _____

Brand Name: _____

Purchase Type (Circle One): Custom Built Ready-Made

Year Purchased: _____

Quantity: _____

Description of Problem: _____

INSURANCE

Insure My Blinds For: \$ _____

(Blindsaver ATX will insure the order for \$100.00 maximum if nothing is noted. Customer is responsible for any additional insurance, oversized handling, or rural fees that are required.)