



Repair Form

Date: _____

Shipping Address: (For return shipment)

Name:
Shipping Address:
Town, State, Zip
Home Phone:
Cell Phone:
Email:

Billing Address: (If different from shipping address)

Name:
Address:
Town, State, Zip

Saddle Brand: _____

Saddle Model: _____

Repair(s) Needed: (List in detail)

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Amount of insurance value for return shipment. Please check one: \$999 \$1,499 \$1,999 Other: _____

**Anything above \$999 coverage will require a signature for delivery*

Repair Price: (if previously quoted): \$ _____

Payment: (All repairs must be paid for in advance before returned)

Visa MasterCard Discover AMEX Check

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____ Security Code: _____

Authorized Card Holder Signature: _____ Date: _____

I authorize the repair(s) to be completed on the item(s) stated above by Siegel Saddlery. I understand that this repair might change the look and feel of the item(s). Siegel Saddlery tries to match materials as close as we can to the original materials. Not all leather colors and finishes can be matched as leather changes its color and feel with oiling and use. Leather samples are available upon request before the repair is completed. If not requested, Siegel Saddlery will use our own material at our discretion. Siegel Saddlery will not be liable if you choose not to insure your package for the full value of its contents during the return shipment process.

I understand and agree to the above statement.

Signature: _____

Date: _____