BULOVA

Service Request Form

Please fill in the information below, then using Adobe Acrobat's print function, print two copies. One for your records and one to submit with your timepiece. Send your timepiece insured to:

Service Department 50-04 25th Avenue, Woodside, New York 11377 **DO NOT send any form of prepayment

RETURN INFORMATION

NAME			[
ADDRESS]		APT / SUITE
CITY		STATE	ZIP / POSTAL CODE
DAYTIME PHONE		E-MAIL ADDRE	ESS
		confirmation upo	our e-mail address, you will receive an e-mail on receipt of your timepiece, communication epair and notification of shipment to you.
TCH INFORMATION:			
MODEL NUMBER (Under 6 o'clock marker)		ND va, Bulova Accutron auer, Harley-Davids	

CASE NUMBER (On case back) SERIAL NUMBER (6 to 8 digits) (Some Models have serial numbers) Month Day Year Date of Purchase

SERVICE YOU ARE REQUESTING

Please enclose your sales receipt

Be specific as to the problems you are experiencing with your timepiece and/or what components you would like reviewed. This will help us to properly address your concerns.