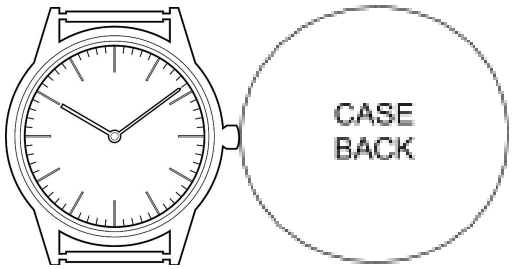
Right On Time Watches

Additional Watch Form
For use with Repair Intake Form

Watch Information
Brand:_____Model:_____
Serial Number:_____ Watch Age (Estimated):_____yrs
Declared Value (Estimated):$_____
Is the watch running?: ____ Yes ____ No
Description of problem / requested services:
_____
_____
_____
_____
_____
_____
_____
_____

Please mark any visible damage to the watch on the chart below:




If you wish to insure the package containing your watch, please do so on the primary repair form. Shipments may not be partially insured. The package will be insured for the value of all watches contained in it if insurance is selected on the primary form.