

GARMENT SHIPPING FORM

Please include this form with your garment.

Please ship your item using appropriate insurance.
DuraMend is not liable for lost goods.



SHIP TO: DuraMend Inc.
9449 Brookpark Road
Parma, OH 44129

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE:(_____) _____ EVENING PHONE:(_____) _____

MOBILE PHONE:(_____) _____ EMAIL: _____

WOULD YOU LIKE AN ESTIMATE BEFORE WORK IS PERFORMED? YES NO

GARMENT INFORMATION

GARMENT TYPE: COAT JACKET SHIRT OTHER: _____
 FULL-LENGTH
 1/2 LENGTH PANTS SKIRT
 3/4 LENGTH

DESCRIPTION: _____

COLOR: _____ FLAW(S): _____

MATERIAL: LEATHER SUEDE VINYL OTHER: _____

PAYMENT INFORMATION

TYPE: CASHIER'S CHECK DISCOVER CARD MASTERCARD MONEY ORDER
 VISA CARD *PERSONAL CHECK *No work will be performed until check is cleared.
Please allow 10 additional business days.

NAME AS IT APPEARS ON THE CARD: _____

CREDIT CARD NUMBER: _____ - _____ - _____

EXPIRATION DATE: _____ / _____

CVV# (FOUND ON BACK OF CARD): _____

SIGNATURE: _____