

SERVICE FORM –

PRA # _____

NIB EXCHANGE REQUEST

PRA No.(ISSUED WHEN FWI IS RECEIVED HERE)

WARRANTY (nib exchange or material and defects claim) with copy of receipt, and the reason for this request:

Date: _____

Customer Name: _____

Company Name: _____

Street Address: _____

City: _____

State, Zip/postal code

Telephone No. (___ ___ ___) ___ ___ - ___ ___ ___

Email Address: _____

Model & Type of Pen: _____

Description of problem:

Comments: _____

Payment is required prior to any inspection being carried out or estimate provided. Payment can be made either by check, made payable to "Chartpak, Inc.", or by Visa, Mastercard, American Express or Discover.

CREDIT CARD NUMBER:

____ - ____ - ____ - ____ - ____

Security №: _____

NAME AS IT APPEARS ON CARD: _____

Expiration Date: ____ / ____ (month / year) example 10/15

Billing zip code for this credit card _____