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Service - In-Take Form

Date:			
Customer:			
Name:			
E-mail:			
Phone:			
Address:			
City:		Province:	
Postal Code:			
	I		
Equipment:			
Model:			
Serial Number:			
Accessories:			
If lens:	☐ Front Cap ☐ Rear Cap ☐ Hood ☐ Filter ☐ Box/Packaging		
	Other:		
Detailed Description of Equipment Problem:			
Are you requesting warranty repair? Proof of purchase is required.			
Attached: O Yes O No			
Taken by:			