

Shipping & Repair Authorization Form

Customers: One watch per form. Complete this side only.

Name: _____

*Ship-To Address: _____

City: _____ State: _____ Zip: _____

***Address YOU authorize us to mail your watch back to.**

Phone: _____

*E-mail: _____

WATCH DESCRIPTION (**CIRCLE** ALL appropriate info.)

Men's or Women's

Yellow White Two/Tone Titanium
Model#(8 digits) Serial#(6 digits)

Water Resistance Level (**check** if applicable):

___ Water Resistant (on case back) ___ Water Resistant 200m/20atm

___ Water Resistant 50m/5atm ___ Water Resistant 300m/30atm

___ Water Resistant 100m/10atm ___ No Water Resistant Markings

Insurance Value*\$ _____ (**depreciated replacement value**)

***If left blank, no insurance value will be requested when mailing.**

Is the Watch Running? Yes ___ No ___ Sometimes ___

Describe the problem: _____

_____ (use back for more space)

Has the watch been repaired by another company?

Yes ___ No ___ Who? _____ When? _____

What service was performed? _____

Service Contract/Terms & Conditions of Service

All estimate, repair fees, and watch parts are non-refundable.

I, the customer, understand that my watch will ONLY be mailed back to the address I specify on this form. I understand that my kinetic watch will be diagnosed to require one of four (4) service levels, and that if I decline service and have not pre paid for a repair quote, a minimum service decline fee of \$25 will be assessed prior to return of my unrepaired watch. **For watches arriving with complimentary inbound shipping, the repair decline fee is a minimum of \$25.**

BestFix Watch Co., Inc. (BfW Co.) is not responsible for watches lost or damaged in transit/shipping. The insurance value I declare on this form should be for a watch in working and repaired condition. Only one watch per box (shipment) to us. BfW Co. is not liable for damages/defects to the watch present when the watch is received.

The repair warranty extends only to BfW Co's re-attempts of the original repair. Limited warranty **does NOT cover** abuse, neglect, shock modification, or **water damage**, and is viewable in full at www.kineticrepair.com/Legal_Notice.html. Watch gift boxes will not be returned. Customer agrees to notify BfW Co. via email of any problem or concern with a repair that is in process or completed **PRIOR** to filing a complaint with a 3rd party.

IMPORTANT: YOU MUST AGREE TO AND SIGN BELOW:

I, _____ (customer name) have read and **fully agree** to the Terms & Conditions of Service, and authorize Bestfix Watch Company to diagnose and repair my watch.

_____ Date

Customer Legible Signature

SEND in a BOX (NO watch gift boxes, NO envelopes!) TO:

BfW Company, Inc., 704 Pennsylvania Dr.

Denton, Texas, 76205, Fax # 480/287-8633

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Service Tracking Form

Completed by Watchmaker ONLY!

INTAKE:

Watch Received on: _____ via: USPS, UPS, FedEx, DO

Package Condition: ___ Int. ___ Dmg (_____)

Insured or Registered#: _____

INITIAL INSPECTION:

___ Replica (no service)

___ Scanned to file (_____)

Intake Condition with Damage/Defect Notations:

___ xtl (scratched, pitted, cracked, missing, fogged)

___ case (scratched, dented, plating worn, rust damage)

___ bracelet/band (scratched, dented, plating worn, broken, not-original, not present, leather worn)

___ links/clasp (#links = ___, loose pins, clasp loose/broken)

___ movement (unknown, non-orig., scratched, damaged)

___ h20 (rust damage, oxidation, dial damage, hand damage)

___ dial (dirty, chipped/cracked, lum. fading, missing markers/indices, scratched, rotated off center – dial feet)

___ hands (lum.fading/cracking, missing, scratched, bent, misaligned, contaminated, loose under dial)

___ crown (bent, non functional, missing, worn)

___ pushers (missing, bent, worn, non functional)

___ case back (scratched, gouged, dented, missing)

___ bezel (scratched, faded, imp. rotation, loose)

___ Other (_____)

___ Running ___ Y, ___ N ___ Stepping

___ Date & Comps. fx ___ Y, ___ N (_____)

DIAGNOSIS:

Voltage ___, **Chrg.** _____

Cons. ___, **Coils** _____

SK1 SK2 SK3 SK3+

XTL CRW BRC

_____ **Other**

ADDITIONAL SERVICE:

\$ _____

\$ _____ **Total Charges**

REPAIR PAYMENTS:

___ RQ Paid date _____

___ SDF Paid date _____

___ Inv Paid date _____

___ 1 ___, 2 ___, 3 _____

RSF ATTEMPTS:

___ 1 ___ 2 ___ 3

COD Return Date _____

PARTS DETAIL:

Ex -ST -JB -OF -G _____

FINAL CONTROL:

Voltage ___, **Chrg.** _____

Cons. ___, **Coils** _____

FC, CHG & VER:

1. _____

2. _____

REPAIR DISPOSITION:

___ **NR/RE - Refund on** _____

___ **Repaired w/ notation** _____

___ **Repaired on** _____

___ **Shipped** _____

Scan of Watch (above)