

Date: _____



VICTORINOX
SWISS ARMY

SWISS ARMY TIMEPIECE SERVICE REQUEST

In order to properly enter the correct information in our system, please print clearly.

Customer Information

Shipping Information (if different from Customer Information)

Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____		City: _____	
State: _____	Zip: _____	State: _____	Zip: _____
Phone: _____	Fax: _____	Phone: _____	Fax: _____
Email: _____		Email: _____	

Please Circle Information:

Warranty receipt enclosed: **Yes No**

Is there any part of the timepiece you would not want replaced? **Yes No**

If yes, what part: _____

Description of Service Requested (please check all that apply):

Replace:

Service:

Miscellaneous:

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Battery Service | <input type="checkbox"/> Clasp | <input type="checkbox"/> Adjust Automatic Timing |
| <input type="checkbox"/> Strap | <input type="checkbox"/> Stem | <input type="checkbox"/> Stops and Starts |
| <input type="checkbox"/> Bracelet | <input type="checkbox"/> Hands | <input type="checkbox"/> Date Will Not Change |
| <input type="checkbox"/> Glass/Crystal | <input type="checkbox"/> Light | <input type="checkbox"/> Digital Does Not Work |
| <input type="checkbox"/> Case | <input type="checkbox"/> Alarm | <input type="checkbox"/> Moisture Under Glass |
| <input type="checkbox"/> Other: _____ | | |

If the timepiece is not under warranty, we will need a credit card and authorization to process the service. A return shipping fee of \$35 is required for insurance and signature required via UPS or Fed Ex. Declined orders will incur shipping charges.

Once watch is received, it will take approximately one week for our team to contact you regarding your repair. **DO NOT SEND ORIGINAL WATCH BOX AS IT WILL NOT BE RETURNED;** Matheu's will not be responsible for its return.

Shipping Instructions (ship to address below):

- 1) Ship Insured.
- 2) Use traceable shipping method (UPS, FedEx Ground, USPS Certified, Registered, Confirmation, Insured)
- 3) PLEASE DO NOT SEND WATCH IN THE GIFT BOX.

Authorized to proceed with service up to \$ _____ (no estimate needed)

Please Provide Estimate: Yes No

Credit Card Authorization: Please circle one: VISA / MasterCard / Discover

Credit Card Number: _____ Security Code: _____ Expiration Date: _____

Name as it appears on card: _____ Authorized Signature: _____

Note: Pricing and payment methods outlined pertain to our Service Center in Highlands Ranch only.

Would you like to receive information/offers from Matheu's Fine Watches and Jewelry? **Yes No**

Shipping Address: Matheu's Fine Watches & Jewelry

Matheu's Fine Watches & Jewelry
Highlands Ranch Town Center
9315 Dorchester St., Suite 106
Highlands Ranch, CO 80129

Tel: 303-471-TIME (8463)

Toll-Free: 888-340-9744

Email: service@matheusfinewatches.com