

VWI SERVICE

SERVICE REQUEST FORM

Please fill in the information below, then using Adobe Acrobat's print function, print two copies.

One for your records and one to submit with your timepiece.

Send your timepiece insured to:

****DO NOT reference contents of package**

**VWI
P.O. BOX 51
ODESSA, DE 19730**

****DO NOT send any form of prepayment.**

RETURN INFORMATION

NAME

ADDRESS

CITY

DAYTIME PHONE

APT / SUITE

STATE

ZIP / POSTAL CODE

E-MAIL ADDRESS

If you provide your e-mail address, you will receive an e-mail confirmation upon receipt of your timepiece, communication related to your repair and notification of shipment to you.

WATCH INFORMATION

MODEL NUMBER

(on case back)

CASE NUMBER

(on case back)

BRAND

(Bulova, Bulova Accutron, Caravelle, Harley-Davidson, TFX)

SERIAL NUMBER (6 to 8 digits)

(Some Models have serial numbers)

Month Day Year

Date of Purchase

SERVICE YOU ARE REQUESTING

Please enclose your sales receipt

Be specific as to the problems you are experiencing with your timepiece and/or what components you would like reviewed. This will help us to properly address your concerns.