

Service & Repair Authorization Form

Print this form, fill out completely, and include with your shipment



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____ Fax: _____

Email: _____

Credit Card Information:

___ Check here If you would prefer to enter your credit card information through our secure online payment gateway once you have received your repair quote. No repairs will be performed until payment has been received.

(Circle One) Mastercard Visa Discover Amex

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

Cardholder Name as it appears on card: _____

Cardholder Signature: _____

Description of the problem: _____

Triangle is not responsible for any linewinder left at our premises for more than 90 days after receipt.

For office use only:

Authorization to proceed

Name of authorizing party: _____ Date: _____ Cost: _____

Ship to: Triangle Sport, 25 Park Way, Upper Saddle River, NJ 07458

Contact: bob@trianglesport.com • www.trianglesport.com • US: 888.656.6686 • Intl: 1.201.699.4228