

Sony Mavica Repair Form

This form should be completed and one copy included in the box. Print a copy for yourself.

Please do not send main batteries, chargers, camera bags or accessories unless they are in need of repair.

All repairs include a cleaning inside and out and I warrant my work for 90 days from the date of repair.

Shipping costs either way are not covered by this warranty.

Package the camera in a zip bag and include at least 3" of foam peanuts all the way around the outside of the bag. I have found that the original camera box does not offer as much protection as the suggested packing.

Average repair time is 1 to 2 days once received in the shop providing parts are in stock. Times can vary depending on workload at the time of receipt.

Email will be sent when the camera is finished and after the box has been sent.

I request payment by Postal Money Order from the Post Office (USPS) if at all possible. The repair will be faster this way since personal checks take a week or longer to clear the bank.

Payment can be made through PayPal but the 5% PayPal service charge will need to be added to your total. You must be PayPal verified to use this service.

All prices quoted do include return shipping to you. If shipping prices are over and beyond quoted, you will be informed in plenty of time to make corrections. If you would prefer to use your own FedEx or UPS account, include the number on this form.

I do not provide return shipping insurance unless you specify that you want it on this form. Please include \$2.50 per \$100 worth of insurance needed and note this on the form before sending.

Purchase Orders are accepted with advance approval.

The repair site is located at: www.MavicaService.homestead.com and is updated periodically.

Thank you for your trust and business. I look forward to being of assistance to you.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Return Shipping Account Number: _____ UPS: _____ FedEx: _____

Camera Model: _____ Serial Number: _____

Description of problem:

Insurance: \$ _____ at \$2.50 per \$100 = \$ _____

Please send to:

Tim Driver
3200 Mary Lane
Dickinson, TX 77539-9244
281/337-3860