

BRAILLER REPAIR ORDER



VOV USE ONLY	
Purchase Order# _____	

VOLUNTEERS OF VACAVILLE

P.O. Box 670
 Vacaville, CA 95696-0670
 (707) 448-6841, ext 2044

Billing Address		Shipping Address (if Different from Billing)	
Name:		Name:	
Business Name:		Business Name:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:
Phone #:		Phone #:	
e-mail:		e-mail:	

Braille Repair Rate:

- Braille Repair Service Fee \$39.99 + parts
- Parts Fee is billed at 10% over the cost of each part.
- California Sales Tax is charged unless a Tax Exemption notification is provided
- Custom painting available at only \$9.49 (please call or see website for available colors)

Custom Painting Color: _____

Braille Serial # _____

Is this a Warranty Repair? Yes / No

Please describe the problem with the machine

Please feel free to contact us for cost estimation.

<p>Where did you hear about us?</p> <p><input type="checkbox"/> Web Search</p> <p><input type="checkbox"/> Direct Mailing</p> <p><input type="checkbox"/> Word of Mouth</p> <p><input type="checkbox"/> Referred By _____</p> <p><input type="checkbox"/> Other _____</p>
