

REPAIR FORM

DATE: _____

NAME: _____

SHIPPING ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____ DAYTIME PHONE: (____) _____

EMAIL: _____

MANFG REEL: _____ MODEL: _____

APROX YEAR PURCHASED: _____

IS THIS A REQUEST FOR WARRANTY REPAIR: YES OR NO
IF SO PLEASE INCLUDE A COPY OF YOUR RECEIPT

BRIEF EXPLANATION OF TROUBLE: _____

WOULD YOU LIKE TO HAVE NEW LINE PUT ON YOUR REEL AFTER THE
REPAIR:Y/N A SEPARATE CHARGE WILL APPLY:

TYPE: ANDE CLEAR---ANDE PINK---ANDE ENVY(HIVIS)---ANDE BACK
COUNTRY BLUE---SUFFIX HIVIS YELLOW---BILLFISHER CLEAR---
JINAKI SMOKE BLUE---MOMOI SMOKE BLUE

LB TEST 6—8—10—12—15—20—25—30—40—50—60—80—100—125

SHIP TO: HALF HITCH TACKLE
ATT:SERVICE DEPT
2206 THOMAS DR
PANAMA CITY, FL 32408