

# 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