



GLOVE DOCTOR ITEM REPAIR ORDER FORM
INCLUDE THIS FORM WITH YOUR ITEM AND SHIP TO:
JOHN GOLOMB 15 POND VIEW LANE, OSSINING, NY 10562-1962

NAME_____

ADDRESS_____APT#_____

CITY_____STATE_____ZIP_____

IMPORTANT DAYTIME PHONE WITH AREA CODE_____

EMAIL_____

YOU ARE WELCOME TO DESCRIBE YOUR REPAIR WISHES IN THIS SPACE:

MY WORK IS GUARANTEED AND YOU CAN EXPECT 100% SATISFACTION

A. IF YOU MAIL ME YOUR ITEM, YOU HAVE GUARANTEE THAT I WILL NOT CHARGE OR DO ANY WORK UNTIL I HAVE SPOKEN WITH YOU ABOUT YOUR ITEM.

B. WHEN I HAVE RECEIVE YOUR ITEM FOR EVALUATION I WILL EMAIL OR CALL TO DISCUSS THE PRICE. SEND A CHECK. IT WILL NOT BE CASHED UNTIL MY WORK IS FINISHED AND YOUR ITEM IS RETURN SHIPPED.

C. CHECKS OR MONEY ORDERS ONLY SORRY, I DON'T ACCEPT CREDIT CARDS. PERSONAL CHECKS: CHECKS MUST BE BANK IMPRINTED WITH YOUR NAME, ADDRESS AND CHECK NUMBERS.

**PAYABLE TO: JOHN GOLOMB
MAIL TO: JOHN GOLOMB 15 POND VIEW LANE
OSSINING, NY 1052-1962**

**D. RETURN SHIPPING
\$20 PER ORDER USPS PRIORITY INSURED SHIPPING ANYWHERE
IN THE UNITED STATES, APO & PUERTO RICO
WRITE ME AT JOHNGOLOMB@GLOVEDOCTOR.COM FOR FOREIGN DESTINATIONS
ITEM INSURANCE INCLUDED**

SHIPPING INFORMATION (IF DIFFERENT) SHIPPING & INSURANCE FOR CONTINENTAL UNITED STATES

NAME_____

ADDRESS_____APT#_____

CITY_____STATE_____ZIP_____

Glove Doctor use only:

*Date Rec:*_____ *Ref#:*_____ *Due:*_____

*Box:*_____ *Model:*_____ *Make:*_____

*Assessment:*_____

