



**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:

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\_\_\_\_\_

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\_\_\_\_\_

**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 10562-1962

**D. RETURN SHIPPING**  
 \$25 PER ORDER USPS PRIORITY INSURED SHIPPING ANYWHERE  
 IN THE UNITED STATES, APO & PUERTO RICO  
 WRITE ME AT [JOHNGOLOMB@GLOVEDOCTOR.COM](mailto:JOHNGOLOMB@GLOVEDOCTOR.COM) FOR FOREIGN DESTINATIONS  
**ITEM SIGNATURE 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: \_\_\_\_\_

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