



WATCH REPAIR INTAKE FORM

W. Hospital
41 W. 47th St., Booth 2-3
New York, NY 10036



IMPORTANT – PLEASE READ

FILL OUT ONE FORM PER WATCH



Please **PRINT TWO (2) COPIES** of this form.

Keep one copy for your records and include the other copy in the package with your watch.



PACKAGING INSTRUCTIONS: Only send your watch with bubble wrap or padding.

DO NOT send cases or boxes.

CUSTOMER INFORMATION

Company Name: _____

First Name: _____ Last Name: _____ Email Address: _____

Cell Number: _____

SHIPPING ADDRESS FOR RETURN OF COMPLETED JOB

(Please provide the address where you would like your watch shipped back)

Address: _____

City: _____ State: _____ ZIP Code: _____

☐ Contact me when the repair is completed so I can provide my own prepaid shipping label.

WATCH INFORMATION

Brand: _____ Model: _____

Description of Issue / Requested Service (Please be as detailed as possible):

Insurance Amount for Return Shipping: \$ _____

PRICE QUOTED: \$ _____ ☐ REQUEST ESTIMATE



ESTIMATED TURNAROUND TIME: Allow 5 to 7 weeks for a completion on overhauls

Allow 1 to 2 weeks for cosmetic work

AUTHORIZATION & AGREEMENT

- I understand that all estimates are subject to approval and additional charges may apply if further work is required.
- I authorize W. Hospital to perform the requested service(s) on my watch.
- I understand that W. Hospital is not responsible for any pre-existing damage not related to the requested service.
- I understand that parts may be replaced with new or equivalent parts when original parts are unavailable.
- I agree that shipping costs both ways are the responsibility of the client.
- All overhaul repairs include a one year warranty.

Customer Signature: _____ Date: _____

PAYMENT TYPE



watchhospital@mail.com



@Watchhospitalnyc



Wire Transfer

(Use information below)

WIRE TRANSFER INFORMATION (FOR WIRE TRANSFER PAYMENTS)

Beneficiary Bank:
BANK OF AMERICA
592 5th Ave
New York New York 10036

Beneficiary:
WATCH HOSPITAL JEWELRY STORE INC.
41W 47th street
Booth 2-3
New York, NY 10036

Routing 026009593
Account#....483050125714

IMPORTANT CUSTOMER NOTICE

Once you have received our automated completed notice via text message.

Please CALL US at 929-819-1449

We do not call about individual updates and request shipping.

You may call for an update only after the fourth week if your job has not been completed yet.

WE WILL NOT PROVIDE STATUS UPDATES PRIOR TO 4 WEEKS.

SHIPPING NOTE: Shipping, both ways, is covered by the client.

You may provide for your shipping label or we could provide one for you.

Insurance up to \$100 for a \$50,000 insurance coverage.

We only accept FedEx labels.

