

Trade-In Evaluation or Repair Service Request Form

Please print this form, complete the information and enclose it with your trainer.

Please include all the accessories for the highest trade value. We also want to see the charger(s) for repair services.

800-430-2010 or 231-947-2010 FAX to 231-947-6566

Ship to:

Collar Clinic

1517 Northern Star Drive,
Traverse City MI 49696

Sender: _____ Ship to: (If different than Billing Address)

Name: _____ Name: _____

Address: _____ Address: _____

City, State & Zip _____ City, State & Zip _____

Daytime Telephone Number _____ Daytime Telephone Number _____

Email Address: _____

My Training Collar Information

Model: _____ Serial Number _____

Comments / Problems with my Trainer/ New Model Interested in?

I would like to purchase the following accessories:

My Payment information:

Or Please call me for my credit card information

Credit Card #: _____ Expiration Date _____

CVV# (3 digit code from the signature box) _____

Signature _____

Personal Checks or Money Orders should be made payable to Collar Clinic

Check or Money Order Enclosed _____ Amount: \$ _____

Request COD return? Yes _____ *Note: \$10.00 COD fee is added to the flat rate repair fee.*

A money order or bank certified check made payable to Collar Clinic is required at delivery.