

**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.*