

MIKIMOTO REPAIR SERVICE REQUEST FORM

(MAIL-IN)

DATE: _____

MR. ___ MS. ___ MRS. ___

NAME: _____

SHIPPING ADDRESS (NO P.O. BOX, FEDEX SIGNATURE REQUIRED)

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PREFERENCE OF CONTACT METHOD: PHONE: _____ E-MAIL: _____

PRODUCT INFORMATION: (PLEASE DESCRIBE AS MUCH AS POSSIBLE.)

DATE OF ORIGINAL PURCHASE AND STORE NAME IF AVAILABLE:

DATE: _____ STORE NAME: _____

REPAIR SERVICE REQUEST: (PLEASE DESCRIBE YOUR REQUEST AS SPECIFIC AS POSSIBLE.)

PLEASE INCLUDE IN YOUR PACKAGE A COPY OF YOUR ORIGINAL RECEIPT IF AVAILABLE WITH THIS REQUEST FORM AND

SEND THEM WITH YOUR PRODUCT TO THE ADDRESS BELOW VIA INSURED AND TRACKABLE SHIPPING METHOD.

MKT
680 5TH AVENUE
6TH FLOOR REPAIR DEPT.
NY, NY 10019
212.457.4500

**A CUSTOMER SERVICE REPRESENTATIVE WILL CONTACT YOU AFTER RECEIVING YOUR PARCEL AND
PROVIDE AN ESTIMATE FOR REPAIR AS SOON AS POSSIBLE.**

MIKIMOTO