

TIME DELAY CORP

TIME DELAY SERVICE REQUEST FORM

Store/Business Name: _____ Business Phone: _____

Email: _____

Job Reference#: _____

Store Contact Name: _____

Model Reference: _____ Serial Number: _____

Description of Watch: _____

Conditions Observed:

Crystal:	<input type="checkbox"/> Scratched	<input type="checkbox"/> Chipped	<input type="checkbox"/> Broken
Dial:	<input type="checkbox"/> Scratched	<input type="checkbox"/> Spotted	<input type="checkbox"/> Damaged
Case/Bracelet	<input type="checkbox"/> Scratched	<input type="checkbox"/> Dented	<input type="checkbox"/> Worn
Other:			

REQUESTED WORK: _____

JEWELER SIGNATURE: _____ DATE: _____

**** THE COMPLETION OF THIS FORM DOES NOT AUTHORIZE TDC TO PROCEED WITH THE WORK REQUESTED.**

WORK WILL NOT BEGIN UNTIL A SIGNED AUTHORIZATION IS RECEIVED OF THE COMPLETED

EMAILED TDC WORK ORDER **

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