

WATCH SERVICE REQUEST FORM



Name: _____ Watch style #: R _____

Street Address: _____ Apt #: _____

City: _____ Province / State: _____

Postal Code / Zip Code: _____ Email: _____

Daytime Phone #: _____ Fax #: _____

If using credit card to cover shipping and handling charges, please complete information below:

Visa Credit Card #: _____ Expiry Date: _____

Name on Card: _____

Mastercard Credit Card #: _____ Expiry Date: _____

Name on Card: _____

Describe Service Required: _____



COSMODA CORPORATION
15 KODIAK CRESCENT, TORONTO, ONTARIO, CANADA M3J 3E5
TEL: (416) 633-6303 FAX: (416) 633-7089 1-800-COSMODA
E-MAIL: info@cosmoda.com www.watchroots.com www.cosmoda.com