



CUSTOMER REPAIR REQUEST FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Product _____ **Details** _____

Form of payment: VISA MC

Card number: _____ Exp. _____

Billing Address: _____

Foil/Board Repair:

We will contact you with a repair quote before starting repair. Please describe repair:

Please include this completed form with your return. Please ship all repairs to the address below.

USPS delivery address:

CTI, LLC - Attn: Warranty/Repair
PO Box 256
Lyle, WA 98635

UPS delivery address:

CTI, LLC - Attn: Warranty/
Repair
308 Washington Str. #256
Lyle, WA 98635

www.lpfoils.com

inquiries@lpfoils.com

PO Box 256 • Lyle, WA 98635 • 509 637 3836