

Printable Estimate Submission Form

There is a \$15.00 estimate fee for each piece of equipment, or for each memory card needing image recovery.

Should you approve the estimate and have your item repaired. The \$15.00 will be applied to the cost of the repair.

If you're sending us your equipment via USPS you may wish to use the label below for your convenience.

Include your return shipping address (not a P.O. Box), and a daytime phone number.

Print this page and fill out the form below to help us to fully understand the problem you are having.

We will contact you within 48 hours after receiving your equipment with an estimate.

Print this page, fill out the form, and enclose it when you send in your equipment. Be sure to keep a copy for your records.

The Camera Doctor - 5810 2nd Ave. West, Suite C - Kearney, NE 68847 (PLEASE PRINT CLEARLY)

Name:

Street Address:

City, State, ZIP:

Telephone Number:

Best time to call:

Who should we ask for?

Email: (If you would prefer to be contacted this way)

Items Enclosed:

Check for \$15.00 enclosed. _____ (please also include this if you are sending memory cards for image recovery)

What Problems are you Having?

To Help Us to Serve Our Customers Better,
Please Tell Us How You Learned About This Web Site,
And Offer Any Suggestions that You Might Have:

Cut Out the Shipping Label Below and attach it to the package. Be sure to pack your equipment carefully!
See our "Packing Tips" for questions on properly packaging your equipment.

From: _____

To:
The Camera Doctor
5810 2nd Ave. West, Suite C
Kearney, NE 68847

FRAGILE! Handle With Care.