



**STOEGER CANADA (1990) LTD.**

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## BURRIS REPAIR FORM

**CUSTOMER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PRODUCT DESCRIPTION:** \_\_\_\_\_

**PURCHASED FROM:** \_\_\_\_\_

**DATE OF PURCHASE:** \_\_\_\_\_

**NATURE OF PROBLEM:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTES:** \_\_\_\_\_

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