



428 E. Fort Ave, Baltimore, MD 21230 www.philtone.com 410 783 0260

Shipping Information / Work Request

This completed form is required for instrument submittal and declares your acceptance of listed shop policies.

Date:

Name:

Shipping Address:

Phones:

Email:

Billing Address: (if not same as above)

Instrument make & model:

Serial #:

Color:

Strings:

Tuning:

Insurance amount for return shipping: \$

Describe your playing style & attack/technique, Goal for Instrument:

Describe Nature of Problem, Work Requested

submit additional information on back if necessary

Signature

Date