

COST EVALUATION / REPAIR ORDER PANTS # 183.3

DEALER DATE: ____/____/200__

1. INSTRUCTIONS for DEALERS

OY TEEMA LINE LTD. KUTOMONKUJA 2E1, FI-30100 FORSSA, FINLAND.
TEL/FAX: +358-3-4246 2700/4246 2718, email: info@thune.fi

TL DATE: ____/____/200__

- A. PLEASE, NOTICE: DEALER MUST ALWAYS FILL IN **ALL CURSIVE TEXT** AREAS. @25.10.2007
 B. NO REPAIRS/RETURNS ACCEPTED WITHOUT **RETURN SHIPMENT NUMBER** FROM Oy TL Ltd.
 C. IF INFORMATION UNCLEAR/INCOMPLETE REPAIR IS ON RESPONSIBILITY OF DEALER, ONLY.



TL **RETURN SHIPMENT NUMBER**, ONLY, PLS!

2. PRODUCT/SHOOTER/DEALER IDENTIFICATION

SHOOTERS NAME (BLOCK LETTERS, PLEASE!):	SHOOTER'S	WHEN ORDERING	NOW
DEALERS NAME (BLOCK LETTERS, PLEASE!):	WEIGHT:	kg	kg
SHOOTERS AGE IF UNDER 20 YEARS: _____	HEIGHT:	cm	cm

PANTS REPAIR JACKET REPAIR, TOO

PANTS A PROD. NO / JACKET PROD.

PANTS MODEL

3. PAYMENT IDENTIFICATION

TL LTD. REPAIR COST EVALUATION

I WANT REPAIR COST EVALUATION

REPAIR TO BE PAID BY DEALER

GUARANTEE REPAIR, (Max 1 year old)

WORK: ____ h a' EUR + MATERIAL: ____ EUR. TOTAL: ____ EURO

WHY GUARANTEE? _____

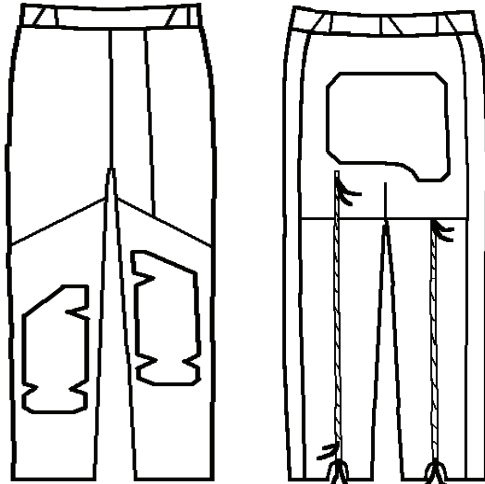
4. PREVIOUS REPAIR(S) IDENTIFICATION

REPAIRED BEFORE: NO or YES BY TL LTD, DATE: ____/____/____, or ELSEWHERE, DATE: ____/____/____

HOW REPAIRED? PLS, EXPLAIN ON SEPARATE FORM!

5. REPAIR INSTRUCTIONS & PHOTOS OF PROBLEM WITH SHOOTING UNDERWEAR

PHOTO(S) ARE NORMALLY NEEDED! ENCLOSED: NO or PHOTO(S) NO/DATE/PLACE:



PROBLEM NOW:

MARK THE NEEDED REPAIR IN FIG. IN cm AND EXPLAIN	MEASURES		DIFF.	PANTS NOW	REPAIR NEEDED
	OLD / NEW				
A. around waist					
B. circumference 10 cm under waist-line					
C. around hips, maximum					
D. around thigh, maximum					
E. from seat to waist-line					
F. inseam to floor with boots on					
G. from waist to floor, with boots on					

REPAIR INSTRUCTION WAISTBAND

I WILL USE A SEPARATE BELT

YES: (waistband 2.5 mm)

NO: (waistband 3.5 mm)

6. PAYMENT CALCULATION (For TL LTD. Production Manager,

CHARGE WORK: ____ h x ____ = ____

MATERIAL: ____ TOTAL: ____

REASON(S) FOR REPAIR:

WORK & MTRL

SIGN

TIME

h min

OPENING

CUTTING

SEWING

FINISH/CONTR.

MTRL 1 ____ x ____

MTRL 2 ____ x ____

TOT MIN: ____ h

TOT MTRL: ____ EUR

7. SHIPPING INSTRUCTIONS

KORJ UUSINTA UUSI TILAUS NB:

MAIL -AIR -ECONOMY GLS UPS OTHER:

ADDRESS IF NOT DEALERS OFFICE:

STREET: _____
 ZIP/CITY: _____
 COUNTRY: _____
 PHONE/FAX/WORK/HOME/HANDY/EMAIL: _____