



Braille Repair Order Form

Providing Excellence in Volunteer and Affordable Services for the Visually Impaired Since 1960.

Please enclose this form with your braille to be repaired.

Customer # _____ Contact Person: _____ Phone #: _____
Email: _____

Billing Address		Shipping Address: (If different from Billing)	
Name:		Name:	
Attn:		Attn:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:

New Billing Address:		New Shipping Address: (If different from Billing)	
Name:		Name:	
Attn:		Attn:	
Address:		Address:	
City:		City:	
State:	Zip:	State:	Zip:

Braille Repair Rates:

Braille Repair Service Fee: \$39.99

Parts Fee: 10% over the cost of each part.

California Sales Tax: Charged unless a Tax Exemption notification is provided.

ALL REPAIRS COME WITH A 180 DAY WARRANTY

Is this repair covered under warranty? Yes / No

Braille Serial #: _____

Purchase Order #: _____

Please describe the problem with your braille:

**Custom Painting Available
At only \$9.99!**
Color Requested: _____

Ship your braille to:
Volunteers of Vacaville
P.O. Box 670
Vacaville, CA 95696-0670

(707) 448-6841, x2044
www.volunteersofvacaville.com