## SERVICE REQUEST FORM

CUSTOMER INFORMATION		
NAME	DATE	
EMAIL	PHONE	
RETURN ADDRESS (MUST BE STREET ADDRESS. ITEMS CANNOT BE RETU	JRNED TO A PO BOX.)	
CITY/STATE	ZIP CODE	
PRODUCT INFORMATION		
TYPE OF PRODUCT OR STYLE NAME		
COLOR		
REGISTRATION NUMBER (IF AVAILABLE)		
PLEASE DESCRIBE THE NATURE OF THE QUALITY ISSUE YOU ARE EXPER	IFNCING:	

## PLEASE SEND TO

COACH, ATTN: REPAIR/CUSTOMER SERVICE, 5901 WEST SIDE AVENUE, NORTH BERGEN, NJ 07047

YOU MAY BE CONTACTED BY PHONE BY A COACH CUSTOMER CARE PROFESSIONAL TO OBTAIN MORE INFORMATION.

WE SUGGEST THAT YOU SEND YOUR ITEM TO US VIA AN INSURED, TRACEABLE MEANS, SUCH AS UPS INSURED OR INSURED MAIL. IF YOU HAVE QUESTIONS, PLEASE CONTACT US AT 1-866-262-2440. PLEASE ALLOW 4-6 WEEKS FOR PROCESSING TIME. THANK YOU.

