

Gianna Violins

Service Form

**Fill out 1 form for each instrument. Enclose IN THE CASE before shipping.
Print clearly:**

NAME:		
BILLING/SHIPPING ADDRESS:		
CITY:	STATE:	ZIP:
DAYTIME PHONE:		
E-MAIL ADDRESS:		

Return shipping address (if different): Circle: Business Residence

Name/ Business:		
Address:		
City:	State:	Zip:
Daytime Phone (if different):		

Instrument Information:

Make:	Model:
Serial No.:	Declared Value:
Other:	(declared value is for return shipping insurance)

List Services/Issues:

_____ **Consultation Requested**

- 1.
- 2.
- 3.
- 4.
- 5.

Office Use Only:

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Gianna Violins

10091 Unitia Road
Friendsville, TN 37737
865-986-9966

Please enclose this sheet with your Service Order Form. The following information will be kept strictly confidential by Gianna Perry, Gianna Violins, Gianna's Acoustic Showcase & Mandovoodoo Instrument Service.

Payment Information: (circle one):

Credit Card

Personal Check

Money Order

PayPal

Credit Card: MC Visa AmEx Disc #: _____

Expiration: Month: _____ Year: _____ CVC#: _____ **
(* 3 Digit security number on signature line of Visa/MC/Disc; 4 digit # on AmEx)

_____ I choose to have Gianna contact me at the time services are complete for the above information with an invoice indicating the services performed and balance due (sent via email).

PayPal: payments should be sent to: katsdogs2002@yahoo.com
Gianna will email an invoice when services are completed, showing the balance due. Include invoice number with your payment.

Personal Checks or Money Orders: make payable to : Steve Perry

I agree that I will only hold Stephen Perry, Gianna Violins responsible for gross negligence. I accept all risks other than gross negligence. I either have suitable insurance on my instrument or am self-insuring. I accept all responsibility for risk of loss during shipping. I understand and agree with all other terms and conditions provided on (or linked to at) GiannaViolins.com. I either enclose payment or authorize Gianna Violins to charge my credit card provided above or via telephone.

Signature: _____ Date: _____

Office Use Only:

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