

NAME:	COMPANY NAME:
	STATE:ZIP:
PHONE:	CELL PHONE:
EMAIL:	DECLARED VALUE:
-	NE PIECE PER SERVICE & REPAIR FORM ONLY)
	OR SERVICE TO BE PERFORMED:
	ASE ADD THE RETURN ADDRESS HERE IF DIFFERENT FROM THE ONE ABOVE)
Please read, complete, sign and s that can be insured and tracked f	ship it with the item to be serviced to the address below, using a shipping service for the amount declared above:
PENTAGON G. C. 510 W 6 TH ST STE 901 LOS ANGELES, CA 90014	
of his or her knowledge. The cu GEM's office for repair only. PENT replace any article that is lost, st value is listed, it will be assumed will be insured to the amount of	proximate values and descriptions of the items listed above are correct to the best stomer also agrees with the following: The items are submitted to PENTAGON GEM will not act as an insurer of the item(s) listed above, but will repair or olen, or damaged due to their negligence, up to the value declared above. If no to be less than \$100.00. The customer will pay for the returned shipping (which if the declared value or assumed value), even if the estimate is not approved onsible for any items left in the office for over 90 days.
The customer signs below agreein	ng to our terms and conditions:
Customer Signature:	Date: