



Desired payment terms for your account:

Check (Bill me Net 30) Checks are made payable to Cape Ann Handpiece Repair

Credit Card

Credit Card # _____

Name on Card _____

Expiration Date _____ / _____ Visa Master card

First time customers: we require a credit card the first time we do business.

First time customers get 10% off first invoice

Name: _____ **Estimate of repair cost.** Whom to contact: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Purchase order if required. _____

Phone: _____ Fax: _____ Office Hours: _____

1. Make: _____ Model: _____ S/N _____
Repair Requested: _____

2. Make: _____ Model: _____ S/N _____
Repair Requested: _____

3. Make: _____ Model: _____ S/N _____
Repair Requested: _____

4. Make: _____ Model: _____ S/N _____
Repair Requested: _____

5. Make: _____ Model: _____ S/N _____
Repair Requested: _____

6. Make: _____ Model: _____ S/N _____
Repair Requested: _____

7. Make: _____ Model: _____ S/N _____
Repair Requested: _____

8. Make: _____ Model: _____ S/N _____
Repair Requested: _____

Cape Ann Handpiece Repair
127 Eastern Ave
PMB #296
Gloucester, MA 01930

Contact Numbers:
Toll Free: 866-806-6160
Local: 978-546-6160
Fax: 978-546-8185
E-mail: capeannhandpiece@yahoo.com

We provide free shipping via First-Class Mail.
You must cut out this business reply label and
affix it firmly to your package with clear tape.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 7 GLOUCESTER, MA

POSTAGE WILL BE PAID BY ADDRESSEE

CAPE ANN HANDPIECE REPAIR
PO BOX 8008
GLOUCESTER MA 01931-9804