

## Dr. Slick Warranty Repair Form



Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Where did you purchase this tool? \_\_\_\_\_

Please describe the problem you are having with this tool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return the tool, along with this form, to:

Dr. Slick Co.  
105 Pollywog Lane  
Belgrade, MT 59714

**\*Make sure to protect the tips of your scissors for shipping\***