



Service Request Form

Please fill in the information below, then using Adobe Acrobat's print function, print two copies.

One for your records and one to submit with your timepiece.

Send your timepiece **insured** to: Service Department
26-15 Brooklyn Queens Expy.
Woodside, NY, 11377

****DO NOT** put 'Bulova' on the package.

RETURN INFORMATION

NAME

ADDRESS

APT / SUITE

CITY

STATE

ZIP / POSTAL CODE

DAYTIME PHONE

E-MAIL ADDRESS

If you provide your e-mail address, you will receive an e-mail confirmation upon receipt of your timepiece, communication related to your repair and notification of shipment to you.

WATCH INFORMATION:

MODEL NUMBER
(Under 6 o'clock marker)

BRAND
(Bulova, Bulova Accutron, Caravelle,
Wittnauer, Harley-Davidson, TFX)

C
CASE NUMBER
(On case back)

SERIAL NUMBER (6 to 8 digits)
(Some Models have serial numbers)

Month / Day / Year
Date of Purchase

SERVICE YOU ARE REQUESTING

Please enclose your sales receipt

Be specific as to the problems you are experiencing with your timepiece and/or what components you would like reviewed. This will help us to properly address your concerns.