



PARTS REQUEST FORM

Please print this form, fill out the following information and fax back.
IMPORTANT: This FORM must include serial number.

Contact Information

Store / Company Name: _____ Date: _____

Contact / Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

Email: _____

Product Information

Model (Name): _____ Size: _____

Serial Number: _____ Color: _____

(Note that we need the 13 DIGIT SERIAL NUMBER , it's stamped on the outside by the hinges or on the bottom between the wheels.)

Case Type: Aluminum: Polycarbonate:

Part(s) Request: _____

"The Trip You Make Before The Trip You Take"™

SQUARE LUGGAGE®



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