



# The Mixer Doctor

Fill this out clearly and send with your mixer

## BILLING INFO

NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
CITY,STATE : \_\_\_\_\_  
ZIP CODE : \_\_\_\_\_  
EMAIL : \_\_\_\_\_  
PHONE : \_\_\_\_\_

## SHIPPING INFO

Same as billing

NAME : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
CITY,STATE : \_\_\_\_\_  
ZIP CODE : \_\_\_\_\_

**MODEL / COLOR / SERIAL** (Located under base of mixer) :

\_\_\_\_\_

## DESCRIBE PROBLEMS / SERVICES REQUESTED

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

## SEND THIS FORM WITH YOUR MIXER TO :

The Mixer Doctor  
3312 Briar Creek Ln, Apt 2  
Idaho Falls, Idaho  
83406