



Repair/Return Request Form

First Name: _____ Last Name: _____

Phone Number: _____

Email Address: _____

Return Address:

Address: _____ Suite/Unit: _____

City: _____ State: _____

Product Name (Model Number): _____

Reason for Return:

- Product Repair/Replacement Blade Sharpening Refund
 Other

Please describe the problem you are facing with your product or reason for return:

Please include purchase receipt if available.

Please return your defected/damaged product(s) to Wahl Clipper Corp. at using the return address below.

Wahl Clipper
Attn: Repair Center
3001 Locust St
Sterling, IL 61081

WAHL CLIPPER CORPORATION
Attention: Repair Center
3001 Locust Street • Sterling, IL 61081
Phone: 1-(800)-PRO-WAHL