

Application Form

If you would like us to repair or service your watch, please fill in the blanks and send us the form along with your watch.

Service Required

Maintenance Repairs

Oris Watch Information

Reference Number: _____

Serial Number: _____

Date of Purchase: _____

Strap/Bracelet: Leather Strap Rubber Strap Without
 Metal Bracelet Textile Strap

Customer Information

Name: _____

Address: _____

City: _____

Zip Code / Country: _____

Phone Number: _____

Email: _____

Reason For Servicing Your Watch

