



**Service and Repair Form**

Please return your complete reel and any extra spools. Clean and pack your reel/extra spool securely in a box, with this completed form, and ship it insured to one of the below addresses.

For repair service on any **CFX, RX and SST** model(s), please ship to: **Bauer Fly Reel, Repair Department, 500 South Main Street, PO Box 411, Twin Bridges, MT 59754. Phone 888-484-4165**

For repair service on all other older models, please ship to: **Bauer Fly Reel, Repair Department, 585 Clover Lane, Suite 1, Ashland, OR 97520.**

Your reel will be returned to you within 4 weeks. If there is a delay processing your repair, we will contact you.

**Costs**

Shipping & Handling (lower 48 states) per reel/extra-Spool, UPS/USPS Priority Mail.....	<b>\$18</b>
Reel Service/Rebuild (For reels that have been properly cared for).....	<b>\$50</b>
Extra-Spool Service (Test and replace bearings if needed, no charge if not needed).....	<b>\$12</b>
Expedited Service (Please contact Bauer prior to shipment arrival).....	<b>\$15</b>
Shipments to Alaska, Hawaii, and International.....	<b><u>ACTUAL COST, CALL FOR QUOTE</u></b>

Additional Cleaning and Repairs needed will be quoted for approval. For additional parts and accessories, please circle your choice below.

- |                                     |  |                                    |
|-------------------------------------|--|------------------------------------|
| Reel Foot (w/ 2 screws) <b>\$25</b> | Handle Assembly - Complete <b>\$20</b> | Star Knob (SST or CFX) <b>\$50</b> |
| Drag Hub <b>\$40</b>                | Remove & Replace Line <b>\$15</b>      | Bauer Reel Pouch <b>\$25</b>       |

Reel Model \_\_\_\_\_ •Retrieve Left / Right •Line on reel: Yes / No •Pouch: Yes / No  
 •Extra-Spool: Yes / No •Line on spool: Yes / No •Pouch: Yes / No

**Service/Repair Requested** (Please circle above or describe below):

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

Owner's Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Shipping address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Card Number \_\_\_\_\_ ExpDate: \_\_\_\_\_ CVV: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_