



HIGH QUALITY DIECAST SCALE MODELS

Case number filed in by WSI

Date:

Name: _____

Address: _____

Zipcode, Place & Country: _____

Phone number: _____

Email address: _____

Model purchased at: _____

WSI article number: _____ Article description: _____

Description damaging: _____

UNDERSTANDING PART TO BE COMPLETED BY WSI

WSI-MODELS **Date WSI:** _____

Model can be repaired Yes No _____

PARTS NEEDED **Description missing parts:** _____

Parts are missing Yes No _____

Parts ordered at factory Yes No **Date:** _____

REPAIRED

Repaired Yes No **Name:** _____ **Date:** _____

MODEL READY

Model back to customer Yes No **Date:** _____

Send customer new model Yes No **Date:** _____

Make a credit to customer Yes No **Date:** _____

Model back to our stock Yes No **Date:** _____

Book out of stock Yes No **Date:** _____

Book in our stock Yes No **Date:** _____