

REPAIR REQUEST FORM



Name/Company:		Address:	
ZIP/City:		State/Prov.:	
Tel:		E-Mail:	

Device (x)

Speaker

Amplifier

Radio

CD Player

.....

Manufacturer/Model:

Description of problem / Description of Service requested:

Select (x) Payment

Money Transfer

Western Union

Paypal

Credit cart

Date:..... Signature:.....

Please complete as much of the form as you can in block capitals and send it along with your product, in secure packaging, to the following address.

Consumers will be notified if additional charges apply.

Address: Audio Parts Ottostr. 14-16 63741 Aschaffenburg Tel: +49 06021 6244148 E-Mail: service@lautsprecher-technik.com