

Out of Warranty/New Replacement Audio System Component Repair Form

Comments (List "Other" Symptoms and Conditions here.)

Parts Manager: If sending in for repair complete the information below, and follow the instructions.

Payment Options (for out-of-warranty repairs; see S/B 06-001)

☐ **Check number** _____ for supplier information)
Must enclose check with unit when sending to supplier for repair.

☐ **Credit card*** _____ Exp date: _____

☐ **M/C** Signature is required to authorize charge to cardholder. Authorized charge amount
☐ **VISA** Name (Print) _____ \$ _____
Signature _____
Phone _____

*Suppliers accept MasterCard and Visa. If paying by credit card, all information requested above must be completed.

Warranty Claim Number	Faulty Unit Part Number	Serial Number	Replacement Unit Part Number	Serial Number
<ul style="list-style-type: none"> Make two copies of this completed form. Attach the original (Dealer Copy) to the hard copy of the repair order. New Replacement: Pack one copy of this completed form and a copy of the warranty claim in the box with the faulty unit. Out of Warranty: Pack one copy of this completed form in the box with the faulty unit when sending to the supplier for repair, or for a customer-pay reman core return. 				