

# ATUS SERVICE FORM

PLEASE FILL OUT FORM COMPLETELY AND RETURN WITH YOUR REPAIR.

## RETURN SHIPPING NAME AND ADDRESS:

*\*Please Note: ATUS will not ship product to P.O. Boxes\**

### ATUS DEALERS ONLY: Acc # / Ref #

Return Shipping Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone (daytime): (\_\_\_\_) \_\_\_\_\_ Other Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Special Return Shipping Instructions: \_\_\_\_\_

## PRODUCT INFORMATION:

Product Model Number / Serial Number (if applicable): \_\_\_\_\_

Is the Product under warranty?  No  Yes

IF YES, PROVIDE A SALES SLIP OR OTHER PROOF OF PURCHASE DATE TO VALIDATE WARRANTY.

ALL REPAIRS WITHOUT PROOF OF PURCHASE ARE CONSIDERED OUT-OF-WARRANTY AND WILL BE CHARGED.

Please provide a detailed description of the problem and any special instructions:

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

US Postal ZIP Codes where wireless products are used (if applicable): \_\_\_\_\_

## CREDIT CARD PAYMENT INFORMATION (NON-WARRANTY REPAIR ONLY):

Method of Payment:  Visa  MasterCard  Discover  Dealer Account  
 American Express  C.O.D.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Credit Card Billing Address (if different from above): \_\_\_\_\_

\_\_\_\_\_



Audio-Technica U.S., Inc., 1221 Commerce Drive, Stow, Ohio 44224

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