

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 - -

Return Shipping Name: _____

UPS Deliverable Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Telephone (daytime): (____) _____ Other Telephone: (____) _____

Fax: (____) _____ E-Mail: _____

ATUS DEALERS ONLY: Acc # _____ **Ref #** _____

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.

"STORE STOCK" PRODUCT IS "STORE OWNED" AND REQUIRES PROOF OF PURCHASE FOR WARRANTY CLAIMS.

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

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. PayPal

Card Number: _____

Expiration Date: _____ Security Code: _____

Name As It Appears On Card: _____

Credit Card Billing Address (if different from above): _____

*If you are tax exempt in the state of Ohio, please provide a copy of your tax exempt certificate with the repair.

*You may request a "call for credit card." Be sure you have provided a daytime telephone number.



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

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