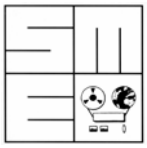

RECORDING EQUIPMENT REPAIR FORM

DATE:___/____/___

COMPANY NAME OR CONTACT PERSON:_____

TELEPHONE:( )_____-_____ & EMAIL:_____

BILLING
ADDRESS:_____

CITY:_____STATE:_____ZIPCODE:_____

SHIP TO ADDRESS IF DIFFERENT FROM ABOVE:

ADDRESS:_____

CITY:_____STATE:_____ZIPCODE:_____

PAYMENT VISA/MC/AMX#_____EXP DATE:_____

SECURITY CODE:_____

CALL FIRST IF REPAIR IS OVER $_____

SHIPPING: UPS GROUND BLUE RED FEDEX ACCOUNT#_____

QTY:	**MODEL NUMBER:**	**PROVIDE A BRIEF, DETAILED DESCRIPTION OF THE PROBLEM OR PARTS YOU WOULD LIKE REPLACED**
_____	_____	_____
_____	_____	_____
_____	_____	_____

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