



# Amplifier Repair Form

Please complete and send with amplifier for a fast and efficient service

Company Name  
(if applicable)

Contact Name

Contact Telephone  
Number

Email Address

Billing Address


Shipping Address

(if different from billing  
address)


Make

Model

Serial Number

Fault Description or  
Service Requirements

- General Service
- In Protection
- Channel Dead
- Other (please supply information below)
