

audio research

HIGH DEFINITION®

700 ANNAPOLIS LANE NORTH/PLYMOUTH, MINNESOTA 55447-5447
PHONE: 763-577-9700 FAX: 763-577-0323

Return Goods Authorization

12572

Date _____

NOTE: TO INSURE PROMPT PROCESSING, PLEASE COMPLETE AND SIGN THIS FORM AND PLACE IT INSIDE THE CARTON WITH THE PRODUCT BEING RETURNED. USE A SEPARATE FORM FOR EACH MODEL. DO NOT SHIP WITH VACUUM TUBES IN SOCKETS.

Model No. _____

Serial No. _____

Owner's Name _____

Power Supply _____

Address _____

(If Applicable)

Phone No. _____

(Home)

(Work)

(FAX)

Dealers Name _____

Address _____

Phone No. _____

You or your dealer will be billed for repairs or service not covered by the Limited Warranty. Prepayment in certified funds, or by Visa or Mastercard is required before return shipment to individuals or non-Audio Research dealers. Personal checks are acceptable, but will delay shipment by 10 days. (C.O.D. shipments are not allowed.)

Warranty repairs: A copy of the Proof of Purchase must be enclosed with this form. See reverse side for terms and conditions of the Limited Warranty.

SPECIFIC AND COMPLETE INSTRUCTIONS OR INFORMATION TO AUDIO RESEARCH.
(If unit is being sent in for repair, please explain behavior and / or symptoms in detail.)

Returning this form to Audio Research with a product for service or update indicates that you have read and agree to the terms and conditions of Audio Research's "Service and Update Policies."

Call or fax me with estimate, before any work is done.

Please return old replacement parts to me, at my shipping expense. Otherwise, old parts are immediately discarded.

If new carton is needed, please return my old carton at my expense. Otherwise it will be immediately discarded.

RETURN TO _____

Insure shipment for: \$ _____

If an amount is not specified we will insure for our estimate of market value plus the value of repairs. Equipment will be returned in Audio Research cartons.

CHECK RETURN – AUDIO RESEARCH does not ship via Parcel Post (UPS limit 150 lbs/package).

SHIP HOW: UPS AIRFREIGHT TRUCK SPECIAL

SPECIAL INSTRUCTIONS _____

UPON COMPLETION OF MY SERVICE, PLEASE INFORM ME OF MY CHARGES BY: MAIL PHONE FAX

PAYMENT WILL BE MADE BY:

CERTIFIED FUNDS VISA/MASTERCARD PERSONAL CHECK (will delay shipment by 10 days)

AMOUNT OF FUNDS ENCLOSED HEREWITH \$ _____

(If applicable)

Signature (Dealer or Customer)

NOTE: Items cannot be processed without signature