

Reconing Service Form

Please fill out this form and send it in along with your speaker that needs servicing.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Model/Brand of Speaker _____

Service Needed _____

Name on Credit Card _____

Billing Address on Credit Card _____

Credit Card Type _____

Credit Card Number _____

Credit Card Expiration Date _____

Credit Card Security Code _____

Signature (required for all credit card orders) _____

Comments _____

I have read and understand all the terms, conditions, and proper shipping methods for repairing my speakers and agree to these terms.

Signature _____