

LINDEMANN.

Send to:

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SERVICE FORM / RETURN NOTE

Sender:

Company (if applicable)

Country

Contact/Name

E-mail

Street address

Phone

Zipcode, city

Details on return:

- Warranty repair (enclose sales slip)
 Service repair

Estimate of cost requested from _____ €

Product

Serial number

Date of purchase

Place of purchase

Error description:

When does the failure occur?

- permanently
 occasionally
 during operation
 other:

Please describe the failure as precisely as possible.
If possible, tell us also about your setup:

Please note: Should the device be returned without error information, we reserve the right to invoice a handling fee of 95.00 € for the extra time investment for troubleshooting.

AOB:

The device must be packed completely and properly. To avoid transport damages, the original box should preferably be used for the return delivery. Make sure to also take out an appropriate transport insurance.

Place, date

Signature