



# AudioSonic Service

Division Of: Absolute Sound Laboratories

4345 West 127th Street - Savage, MN 55378-1506 USA

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Client Receipt Number: ASL- _____
Status: Active In-Active
Date Shipped: _____

## EQUIPMENT SERVICE REQUEST FORM

**Client Name:**  
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/ STATE / ZIP:** \_\_\_\_\_  
**DAY PHONE:** \_\_\_\_\_  
**NIGHT/CEL PHONE:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**Equipment Identification:**  
**Brand:** \_\_\_\_\_  
**Model #:** \_\_\_\_\_  
**Serial #:** \_\_\_\_\_  
**Type:** \_\_\_\_\_  
**Accessories:** \_\_\_\_\_  
**Damage:** \_\_\_\_\_

**For Office Use Only**  
**Originator:** \_\_\_\_\_  
**Order Number:** N/A  
**Account Number:** N/A  
**Estimated BackLog:** 10 Weeks  
**Code/Promotion:** \_\_\_\_\_

**Ship To - Warranty Information:**  
**Customer/Dealer Name:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City/State/Zip:** \_\_\_\_\_  
**Previous Service Inv #:** \_\_\_\_\_  
**Date Purchased/Repaired:** \_\_\_\_\_

**Terms:** Prepaid **In Location**

**Equipment Warranty Status:** None

**Client Complaint:**  
 BE AS SPECIFIC AS POSSIBLE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SPECIAL	INSTRUCTIONS

**Service Request Form**  
**Return This Copy When**  
**Sending In Your Unit**  
**See Instructions Below.**

Incoming Payments/Deposits/Coupons		
Technical Charge:		
Total Parts Charge:		
Shop Materials:		
Shipping/Other:		
MPCA Environmental Fee:		
Sales Tax:		
Total Charge:		
ROA: Deposit		\$ (50.00)
<b>Balance:</b>		

**Client Instructions:**  
 Please fill in the non-shaded areas of this form. Include as much information as possible. If your unit has previous service history, include copies of any paperwork that you have retained. Include this form along with the required evaluation fee, as indicated, for each unit shipped. Please print clearly. This form will be used to create your paperwork. Invalid or illegible information can delay your service request. Thank You

**Receiving Notes:**  
**Inbound Carrier:** \_\_\_\_\_  
**ABSL Received Date:** \_\_\_\_\_  
**Packing Disposition:** \_\_\_\_\_  
**Packing Damages):** \_\_\_\_\_  
**Notes:** \_\_\_\_\_

*Thank you for your Order.*

**Client Signature:** \_\_\_\_\_  
**Notified By:** \_\_\_\_\_

**Released:** \_\_\_\_\_  
**Notified:** \_\_\_\_\_

