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| **Repair Form** |
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| NAME: |  |
| EMAIL: |  |
| PHONE #: |  |
| ADDRESS: |  |
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Thank you for the opportunity to serve you. We appreciate your business and your satisfaction is our top priority. Please follow the below instructions for all repairs:1. Fill out this form clearly and legibly and include it inside the box with your repairs.
2. Package your items carefully. Speaker frames and magnets should not touch the edge of the box. We recommend double boxing and adding cushioning (ie. bubble wrap- please no foam peanuts). Insurance is highly recommended.
3. We will email you with your repair ticket when we receive your repair. A technician will follow up with an estimate a few days later.

Address all repairs to: **The Speaker Exchange, Repairs Dept.** **8217 N. Nebraska Ave, Tampa, FL 33604**Please tell us the reason why you are sending your item by writing the appropriate code in the “**Problem Code**” box below and repair instructions  | **PROBLEM CODES**1. FOAM ROT
2. RUBBER SURROUND ROT
3. OPEN COIL
4. DISTORTED
5. BLOWN SPEAKER
6. BLOWN DIAPHRAGM
7. RE-GRILL
8. SENT FOR EVALUATION
9. UNSURE
10. DEFECTIVE
11. OTHER (PLEASE EXPLAIN)

**REPAIR INSTRUCTIONS*** RECONE
* REFOAM
* RE-SURROUND
* RE-DIAPHRAGM
* RE-GRILL
* REPAIR CROSSOVER
* WARRANTY REQUEST
* EVALUATE
* OTHER (PLEASE EXPLAIN)
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|  |
| QUANTITY | BRAND | MODEL | PROBLEM | REPAIR INSTRUCTIONS |
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 I have been quoted $\_\_\_\_\_\_\_\_ for my repair. I have not been quoted for my repair.

Payment options:

* I will pay by credit card

Name on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_\_

* Please call me for my credit card info.
* Please send me a PayPal invoice (1-2 day delay for shipping)