

Service Request Form **SUPERSCOPE** **marantz** **DENON** PROFESSIONAL PROFESSIONAL

Use this form when shipping your unit to us for service or estimates. Please complete the following steps:

1. Print this page and fill out the requested information.
2. In the symptom box, please give a detailed description of the problem.
3. Select either Superscope In-Warranty Service or Out of Warranty (Superscope or Denon & Marantz Pro). Or, for faster service pre-approve an amount for the repair. If paying by a credit card, you must complete the credit card payment information.
4. Box and return your unit along with this service request form to:

Superscope Technologies
ATTN: Service Dept.
1508 Batavia Ave.
Geneva, IL 60134-3302

NAME _____
ADDRESS _____
CITY _____ ST _____ ZIP _____

PHONE _____
FAX _____
E-MAIL _____
SUPERSCOPE ACCT # (If you have one) _____

Please package your product carefully before shipping and insure your shipment for the appropriate replacement value. Preferred carriers for return are UPS and Federal Express. Where additional repairs are required beyond pre-approved service amount, an estimate will be provided and you will be notified for repair cost approval prior to any work being completed.

Should you have further questions or wish to inquire about the status of your repair, please contact our service department Monday through Friday, 8:15 – 4:45 CST @ (630) 232 - 8900 ext. 396.

Select One:

- In-Warranty Service**
A copy of your purchase receipt indicating you purchased your unit new and within the last year must be attached.
- Out of Warranty repair estimate request.**
NOTE: There is a \$50 surcharge for all estimates. This \$50 will be deducted from the cost of the service should you agree to the repairs. There is a \$200 surcharge on all Marantz plasma monitors and projectors.

OR

FOR FASTER SERVICE PRE-APPROVE A REPAIR AMOUNT:

- Pre-approved Service Repair.**
Pre-approved up to \$ _____

SYMPTOM: PLEASE GIVE A DETAILED DESCRIPTION OF THE PROBLEM. Write on the back if you need more space.

Where credit card is selected: please include the Visa, MasterCard, American Express or Discover Card number, the work is to be charged to and the expiration date of the card.

Where check or money order is selected: please include your check or money order with the unit when it is returned. Please be sure to include the dollar amount pre-approved in the box provided.

I Authorize Superscope Technologies to perform the requested work noted.

Signature _____ Date _____

Pre-approved Method of Payment

- Check | Money Order** (please include with your unit.) *Make all checks payable to Superscope Technologies, Inc.*
- Purchase Order** (ATTACHED) Corporate, Government or Institution **P.O. Number** _____
- VISA | MC | AMEX | DISC** Card # _____
CCV CODE (3 or 4 digit security code) _____ Exp. Date _____