



INNER SOUND

ELECTRONIC SERVICE

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SERVICE INFORMATION FORM

Complaint / Symptoms: _____

Manufacturer: _____

Model: _____

Serial Number: _____

Warranty status:

_____ **In warranty *** _____ **Out of warranty** _____ **Dealer stock**

***Enclose a copy of the bill of sale.**

Customer Name: _____

Customer Address: _____

Customer City, State, Zip Code: _____

Customer Daytime Telephone Number: _____

Dealer Name: _____

Dealer City, State, Zip Code: _____

Dealer Daytime Telephone Number: _____

Visa/Mastercard number: _____ **Exp date:** _____

Enclose a copy of this form with the repair. Please keep a copy for your records.