

# ZED AUDIO CORPORATION

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Please print clearly using a black or blue pen

SENDER'S NAME .....

ADDRESS (No PO Boxes) .....

CITY .....

ZIP CODE and STATE .....

DATE .....

DAYTIME PHONE NUMBER .....

EMAIL ADDRESS .....

AMPLIFIER 1 MODEL NAME/NUMBER .....

YOUR DIAGNOSIS OF WHAT THE AMPLIFIER IS DOING/NOT DOING

AMPLIFIER 2 MODEL NAME/NUMBER .....

YOUR DIAGNOSIS OF WHAT THE AMPLIFIER IS DOING/NOT DOING

AMPLIFIER 3 MODEL NAME/NUMBER .....

YOUR DIAGNOSIS OF WHAT THE AMPLIFIER IS DOING/NOT DOING