

MUSICAL FIDELITY

NOTH AMERICAN CUSTOMER RETURN FORM

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:		EMAIL:
PRODUCT MODEL:		PRODUCT SERIAL NO:
TYPE:		
<input type="checkbox"/> Integrated Amplifier	<input type="checkbox"/> Phono Stage	<input type="checkbox"/> Power Amp
<input type="checkbox"/> Headphone Amplifier	<input type="checkbox"/> DAC	<input type="checkbox"/> Line Buffer
<input type="checkbox"/> CD Player	<input type="checkbox"/> Pre-Amp	<input type="checkbox"/> Media Player
<input type="checkbox"/> Tuner	<input type="checkbox"/> All-In-One	<input type="checkbox"/> Transport

Please describe the problem in as much detail as possible. The more information you give us, the more quickly we can repair your unit.

What happened?
When did it happen?
Did you make any changes to the system prior to the problem? If so, please describe in detail:
Please tell us what other components are connected to your system.
SIGNATURE AND DATE: