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Date	Returned:			
Prod	uct Number: _			
Seria	ıl Number:			
Reas	on For Return:	☐ Check-Up	Repair	☐ Other
Desc	ribe problem i	n detail:		
Your	Contact Informa	ation:		
Nam	e:			
Com	pany:			
Ship	oing Address: _			
	-			
	-			
Telephone:			Best time to call:	
E-ma	uil:			
Paym				
	I will pay SHIPPING costs with Visa/Mastercard/Amex Card #CVV #			
	I will pay REPAIR costs with Visa/Mastercard/Amex Card #CVV #			
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