

Prosound Communications Inc.

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Raw Vintage Products Return/Repair Authorization Form

Date:			
Your Name:			
Phone:		Email:	
Name of Item:		Serial No.:	
Where did you purchased?		Purchase Date:	
Pedal Bought: NEW USED			
F	Return Shippin	g Information	
Repaired items are returned You are responsible for all sl if no credit card information The 48 states of Am	hipping charges. is submitted. Th	Please include a mor	ney order or US check charge is as follows:
Name:			
Address:			
City:			Country:
If you pay by credit card, please provide	de the following	j information:	
Credit Card Type: UISA Maste	erCard		
Credit Card No.:	E	xpiration Date:	
Name as it appears on card (if differer	nt than above):		
Billing Address of the Card (if different	than above): _		
Please describe the problem with the	pedal (use othe	er side if necessary)):
Please read the following carefully befor 1. Customer is responsible for all shippin 2. This form must be included with return 3. Please send the copy of proof of puro 4. We do not accept "Return for Refund	ng charge plus a ned goods. Goo chasing with this	any repair costs that ds will not be repaire form.	ed without this form.
Drint Nama:		Signature:	