

Repair / Return Authorization Information

Ph: 908-665-2727

Email: ron@appliedmicrophone.com

*****Please include this form Filled out inside the box being returned*****

<p>1) Contact information (PLEASE PRINT CLEARLY)</p> <p>Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____</p> <p>Email Address: _____</p>																					
<p>2) Description of problem to be fixed:</p> 																					
<p>3) Pieces being returned: (Check off all items your returning.)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">• Microphone _____</td> <td style="width: 33%;">• Hard Case _____</td> <td style="width: 33%;">• Studio Preamp _____</td> </tr> <tr> <td>• Clamp _____</td> <td>• Soft Pouch _____</td> <td>• BP40 Preamp _____</td> </tr> <tr> <td>• Wi5C transmitter _____</td> <td>• Cable _____</td> <td>• Power supply _____</td> </tr> <tr> <td>• Q7 Transmitter _____</td> <td>• BP45 Preamp _____</td> <td>• Quantum 7 Receiver _____</td> </tr> <tr> <td> • Frequency _____</td> <td>• Inline Preamp _____</td> <td>• Quantum 7 Mini _____</td> </tr> <tr> <td>• ZR Receiver _____</td> <td></td> <td></td> </tr> <tr> <td> • Frequency _____</td> <td></td> <td></td> </tr> </table>	• Microphone _____	• Hard Case _____	• Studio Preamp _____	• Clamp _____	• Soft Pouch _____	• BP40 Preamp _____	• Wi5C transmitter _____	• Cable _____	• Power supply _____	• Q7 Transmitter _____	• BP45 Preamp _____	• Quantum 7 Receiver _____	• Frequency _____	• Inline Preamp _____	• Quantum 7 Mini _____	• ZR Receiver _____			• Frequency _____		
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<p>4) Credit Card Information: (Including will speed up return process) or call 908-665-2727 with info:</p> <p>_____ EXP Date _____ Code: _____</p> <p>Billing Address: _____</p>																					
<p>5) RA # (Please contact tech support for your RA#) Ph: 908-665-2727</p>																					
<p>6) Where did you purchase your AMT Microphone?</p> <p>a. Dealer Name _____</p> <p>b. Internet Webstore Name _____</p> <p>c. Other _____</p>																					
<p>7) Where did you hear about AMT? _____</p>																					

Send repair via the US Postal Service or UPS, NO signature required:

AMT

RA# _____

Call for RA# and mailing address! 908-665-2727