

Client

Name _____

Address _____

Postal code _____

City _____

Country _____

Phone _____

E-Mail _____

Contractor

Lehmannaudio Vertriebs GmbH
Waltherstraße 49 – 51
Gebäude 4
51069 Köln
Germany

Sent in device

Model _____

Serial number _____

Problem description

Order *(please check)*

Warranty case

Cost estimate

Repair/modification as discussed by email of (date) _____

Date _____

City _____

Signature _____