## **REPAIR SERVICE**

## **IMPORTANT: PLEASE FILL OUT COMPLETLY**



PRODUCT:		
SERIAL NUMBER:		
DATE OF PURCHASE:		
DISTRIBUTOR:		
INVOICE COPY:	YES	NO 🗆
DESCRIBE YOUR PROBLEM:		
LAST NAME:		
FIRST NAME:		
ADDRESS:		
COUNTRY / REGION:		
EMAIL:		
PHONE:		
STUDIO NAME:		
STUDIO PHONE:		
ADDITIONAL INFO:		

RETURN ADDRESS: MT.DERM GmbH Reperatur Blohmstraße 37-61 12307 Berlin

MADE FOR ARTISTS

