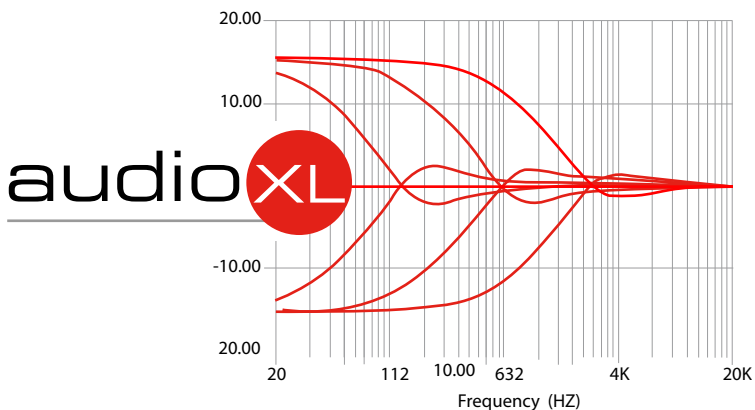


TO: AUDIO XL NV.  
| Industrieterrein 2 nr 14  
| IZ WEBBEKOM 2110  
| 3290 DIEST  
| t: +32 (0)13/ 670 890  
| f: +32 (0)13/ 785 669  
| udo@audioxl.be



## Technical form

Client number:  
Equipment:  
Serial Number:  
Date returned:  
Equipment Under Warranty:  Yes |  No

Return adress: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Equipment

- The equipment does not function at all
- The equipment does not function correctly:

Type of failure or fault. Please give as much information as possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The fault is:
- Constant
  - Distant dependant
  - Load-dependant
  - Temperature dependant
  - Stress dependant
  - Intermittent
  - Operating time dependant
  - After approximately \_\_\_\_\_ minutes/hours

Additional Information: Please detail usage conditions at the time failure occurred

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best regards

Please place this form with the equipment being returned to Audio XL