



Daniel Zenker Dr, #202
Horseheads NY 14845
Tel: 607-256-0465 - Fax: 607-330-0272
Email: info@voodooamps.com
Website: www.voodooamps.com

VOODOO REPAIR™ INFO FORM

Basic Directions

- 1.) Save this file to your computer
- 2.) Type out/complete all fields - hand written info will not be accepted
- 3.) After you have completed the forms – Click Print
- 4.) Place forms in envelope
- 5.) Secure envelope under handle of amp or tape directly to chassis
- 6.) Pack & box the amp properly (See UPS guidelines on packing electronic equipment) – Important -> Make sure item is double boxed
- 7.) Cut out and attach shipping label (see below) to outside of package/box
- 8.) After you have shipped the package - call us with the tracking number
- 9.) That's it - We'll do the rest!

Note: Please do *not* include detachable IEC/power cables, slip-over covers or footswitches - They will not be returned.

Exceptions: Only include footswitches if the item you are sending cannot be switched manually.

We would like to sincerely thank you for choosing Voodoo Amplification. We truly look forward to working with you. If you have any questions please call us prior to shipping your item(s).

Warmest regards;
Trace Davis
President / Founder



VOODOO REPAIR™ INFO FORM
Please type in your information

Note: Make sure all info is typed out - hand written info will not be accepted as it can be very difficult to read hand written information - sorry no exceptions.

Manufacture:
Serial Number: #

Model #:

Please check appropriate box

Does problem occur 100% of the time?	Yes or No
Is problem intermittent (IE: does it come and go?)	Yes or No
Have you ever worked on item yourself?	Yes or No
Has another tech tried to fix problem?	Yes or No

Please describe in detail what the symptoms are, if control settings cause the problem to occur, etc. Please be specific as this can save us time, which in turn will save you money.

Note: Make sure all info is typed out - hand written info will not be accepted - sorry no exceptions

VOODOO REPAIR™ PAYMENT & SHIPPING FORM

Contact Info:

Phone Number (h):

Phone (cell/work):

Primary Email:

2nd Email:

Return Shipping Address:

Name:

Apt or Floor#:

Country:

Providence:

Street Address:

City:

State:

Zip or Postal Code:

Credit Card Information:

Credit Card:

Bank (debit card only):

3 digit security number: #

Last three digits on the far right on the rear of your credit card.

Credit Card #:

Expiration Date:

Name on Card:

Billing Address

Name:

Apt or Floor#:

Country:

Providence:

Street Address:

City:

State:

Zip or Postal Code:

Note: Make sure all info is typed out - hand written info will not be accepted - sorry no exceptions

