

## SERVICE REPAIR CORRESPONDENCE FORM

Telephone:800-516-2525 Service Fax:847-600-8686

Shure Incorporated 5800 W. Touhy Ave. Niles, IL 60714-4608

Estimates must be paid within 5 days or the items will ship back as received.

## To expedite your product repair, please follow these steps:

- **NO** pre-authorization is necessary to return a product for repair.
- For warranty service, enclose a copy of your sales receipt with your return. If a copy of the original purchase receipt is not available, your product may be deemed out-of-warranty. Click here for repair pricing.

|  |                              | , ,  | ,                     | <del></del>                  |   |  |
|--|------------------------------|--|-----------------------|------------------------------|---|--|
| 3 If yo  | u are uncertain what pro     | re uncertain what product you own and or require a quote please contact us at <a href="mailto:service@shure.com">service@shure.com</a> |                       |                              |   |  |
|  |                              |  | PLEASE CHECK E        | BOX IF APPLICAE              | BLE   |  |
| <b>NOTE:</b> Tax certificate <b>MUST</b> accompany your return. Tax will be charged if not provided. |                              |  | P.O #                 |                              |   |  |
| return. Tax wii  | The charged if flot provides | u.   | Receipt/Invoice (i    | if within 2 year warrar      | nty.)   |  |
|  |                              |  | Payment (if out of    | warranty, please <u>viev</u> | v our flat rate price list.)                              |  |
| NOTE: SHURE D  | OES NOT SHIP TO P.C          | ). BOX ADDRESS   | ES C                  | Dealer Account #             |   |  |
| Business Name  | :                            |  |                       |                              |   |  |
| Contact Person   |                              |  |                       | Date:                        |   |  |
| Ship To Address  | :                            |  |                       |                              |   |  |
| City   | :                            |  | State:                | Zip Code:                    |   |  |
| Daytime Phone:   |                              | E-mail:  |                       | Fax:                         |   |  |
| PAYMENT INFO   | RMATION                      |  |                       |                              |   |  |
| Cardholders Nan  | ne:                          |  |                       |                              |   |  |
| Billing Addres   |                              |  |                       |                              |   |  |
| (If different than ship  | ,                            |  | State:                | Zip Code:                    |   |  |
| Visa/MC<br>Account   | No:                          |  | Exp Date Mo:          | Year:                        | V-Code:   |  |
| =<br>RETURN SHIPPIN  | G OPTIONS: 🔲 UPS G           | round: \$0   | ay Air: \$10  1 Day A | ir: \$20                     | Visa/MC: last 3 digits on back<br>AMEX: 4 digits on front |  |
|  |                              |  |                       |                              |   |  |

## PRODUCT INFORMATION - What product are you returning for service?

| Model Number | Quantity | Problem |
|--------------|----------|---------|
|              |          |         |
|              |          |         |
|              |          |         |
|              |          |         |
|              |          |         |
|              |          |         |

If returning wireless products, please specify ZIP code(s) where products are used:

List any other system frequencies used with this set:

**Note:** Do NOT package your return in a paper envelope. Shure strongly recommends that you use a shipping method that allows you to track your shipment. Shure is responsible for your return only after it has been received in our office.

**IMPORTANT!** When returning earphones for service, send **ONLY** the earphone assembly. Do not return accessories such as cases and ear sleeves. <u>Accessories will not be returned to you</u>.

Please complete and print the label below. Cut out and attach to your shipping carton using clear tape.

