

# SoundTraxx Service Request Form

Please complete this form and send it with your payment or original receipt (if warranty repair), and repair item to: Customer Support, SoundTraxx, 141 Burnett Dr., Durango, CO 81301

## Customer Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Decoder Information

Part Number: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Dealer Purchased From: \_\_\_\_\_

## DCC System and Model Information

Command Station: \_\_\_\_\_

Decoder Address: \_\_\_\_\_ Decoder Installed By: \_\_\_\_\_

Model Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Scale: \_\_\_\_\_

## Description of Issues You Would Like Us to Resolve

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

SoundTraxx covers all costs affiliated with warranty repairs within 90 days of purchase. Please include the original sales receipt, which will be returned with your repaired item.

For non-warranty repairs, please refer to the [Product Return and Repair Information](#) Web page for costs.

## Payment Information (Visa, MasterCard, American Express, Discover, Check, Money Order)

Warranty Repair (original sales receipt enclosed)

Check Enclosed Check Number \_\_\_\_\_ Check Amount \_\_\_\_\_

Charge my Credit Card

Card Holder's Signature \_\_\_\_\_

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For internal use only. Shred this portion after card is processed.

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

**SOUNDTRAXX**<sup>®</sup>

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