



**REPAIR/RETURN CHECKLIST AND FORM**

**(Please return this form back to us either by Fax/E-mail/Mail )**

**Please complete and check all questions before** contacting a Lasonic Customer Service Representative. Customer **must** provide all proper and proof of documentation and agree to all rights reserved by Lasonic Electronics Corporation.

**Original Purchasers Dated bill of sale and/or receipt from retail store.**  
**(Lasonic will not process any request without a receipt)**

Original UPC, box, packaging, and accessories.

Item not purchased from unauthorized dealers; such as ebay, amazon.com and similar.

Damage is **not** due to customer neglect/intentional or from shipping.  
(If damage by shipping please contact shipping courier directly)

Customer agrees to pay for shipping to servicing center.

**Product Receipt is dated within one year of purchase.**  
(90 ays- free parts and labor—1 year-free parts only; labor will be charged)

Product will be packaged **properly and safely** for shipping, product damage through shipping will not be compensated.

Model/Product Number-\_\_\_\_\_Date-\_\_\_\_\_

Date of Purchase-\_\_\_\_\_Dealer/Store-\_\_\_\_\_

Name-\_\_\_\_\_

Address-\_\_\_\_\_

City-\_\_\_\_\_State-\_\_\_\_Zip-\_\_\_\_\_

Phone Number-\_\_\_\_\_Fax-\_\_\_\_\_

Email-\_\_\_\_\_

Reason for Return/Exchange-\_\_\_\_\_

\_\_\_\_\_

Contacts: [techsupport@lasonic.com](mailto:techsupport@lasonic.com)

Toll Free- (888)488-6845 Fax-(626)480-1286

**Service Location:**

15759 Tapia St, Irwindale ,CA,91706

**OFFICIAL USE**

RMA :# \_\_\_\_\_

Note : \_\_\_\_\_

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