

FILL OUT THIS FORM FOR YOUR GR PRODUCT

*DATE : ____/____/____

*STORE / RETAILER / COMPANY / DISTRIBUTOR : _____

*FULL NAME of the owner : _____

DEPARTURE ADDRESS:

*STREET : _____ *N° : _____ *CITY : _____
*STATE : _____ *ZIP CODE : _____

RETURN ADDRESS: (if different to departure address):

STREET : _____ N° : _____
CITY : _____ STATE : _____ ZIP CODE : _____

*TELEPHONE : _____

*MAIL : _____

INFORMATION ABOUT THE PRODUCT

*PRODUCT MODEL : _____

*SERIAL NUMBER : _____

DATE AND LOCATED OF PURCHASE : _____

Note: If under warranty, attach a copy of the invoice

*DESCRIBE THE FAULT IN DETAIL:

Please print a copy of this document and attach it to the product. If possible, send the same completed document, even as a simple photograph, to the email support@grbass.com or support@grguitar.com