

Charette Electronics Repair Sheet

Date: _____ Name: _____

Email Address: _____

Land Phone: _____ Cell Phone: _____

Make & Model: _____

Serial Number: _____

Description of Problem:

Does the problem occur right away? Yes No

If no, approximately how long does it take? _____

Is the problem intermittent? Yes No

If the amp is a head, what type of cabinet do you use? _____

What is the ohm rating of your cabinet? _____

When was the product last serviced? _____

When will you need your service completed by? _____

Any other comments, questions or insights:
