

<p style="text-align: center;">Pianocorder™ Reproducing System</p> <p style="text-align: center;">SERVICE BULLETIN</p>	model number P-100, P-100M, P-200	bulletin number 00005
	for serial numbers	
	subject ORDERING AND RETURNING PARTS	
	technical services approval <i>J. R. Thomas</i>	writer <i>J. R. Thomas</i>
engineering approval <i>J. R. Thomas</i>	date 11-6-78	

PARTS HOT LINE TELEPHONE NUMBERS

Out of State - (800) 423-5108
 California - (213) 998-9333 Ext. 2355

TO ORDER PARTS

BY PHONE

- A. Call the Parts Hot Line telephone number listed above.
- B. When your call is answered, give the following information:
 - 1. Dealer Name, street address, city, state and zip.
 - 2. Dealer Account Number.
 - 3. Model Number.
 - 4. Part Number, description and quantity of the parts being ordered.
- C. Part will be shipped within 72 working hours.

WRITTEN

- A. If you wish to order parts other than by phone, call the Parts Hot Line telephone number listed above and order Superscope Parts Order Forms, Part Number 123-4567-890. A quantity will be shipped free of charge.
- B. Fill out the Superscope Parts Order Form. (A copy of which is enclosed)

INSTRUCTIONS

1. Under Customer Account Number in the upper left hand corner, write your Dealer Account Number.
2. In this space, write the date you are ordering parts.
3. In this space, write the Dealer's Purchase Order Number.
4. In this block, check PIANOCORDER.
5. In this space, write the Dealer's Name, street address, city, state and zip code.
6. In this space, write the Name, street address, city, state and zip code if you wish the parts to be shipped to a location



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other than the Bill to address. If you wish the parts to be shipped to the Billing address, leave space (6) blank.

7. Leave this space blank.
8. Leave this space blank.
9. In this space, if the Dealer is in the state of California and has a resale number on file with Superscope, write: NO. If the dealer is outside the state of California with or without a resale number, write: NO.
10. In this space, write the method of shipping the Dealer prefers. Unless otherwise noted, Superscope will ship U.P.S.
11. Leave this space blank.
12. Leave this space blank.
13. In the QUANTITY block, write the number of the parts being ordered.
14. In the PART NUMBER block, write the Part Number of the item as listed in the parts list in the PIANOCORDER Installation and Field Service Manual.
15. In the MODEL block, write the Model Number of the unit for which the parts are being ordered. P-100, P-100M, P-200.
16. In this space, write the description of the part being ordered.
17. Leave this space blank.
18. Leave this space blank.
19. Leave this space blank.

TO RETURN PARTS

- A. Upon receiving the replacement part(s), do the following:
 1. Remove the part and a copy of the PACKING LIST from the carton containing the replacement part(s).
 2. Pack the defective part(s) and place a PARTS RETURN FORM and the copy of the PACKING LIST in the carton with the parts.

NOTE:

Refer to the PARTS RETURN FORM (a copy of which is enclosed) for the items listed under Point A. The circled numbers shown on the form correspond to the numbers of the item numbers listed under "A".



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engineering approval <i>T. B. ...</i>		date 11-6-78

- A. Fill out the PARTS RETURN FORM as detailed below:
1. Under CUSTOMER NAME and address in the upper left hand corner, write RETAIL CUSTOMER'S NAME.
 2. Fill in the Dealer's Name and full address in the blocks on the upper right corner of the form.
 3. In the block titled MODEL NO., write in the system model number (P-100, P-100M, P-200).
 4. In the block titled SERIAL NO., write in the system serial number (located on the plate on the bottom of the PT-100 Tape Recorder).
 5. Write in the date the customer purchased the unit in the block titled DATE PURCHASED.
 6. In block 6, DATE RECEIVED, write in the date the customer requested repairs.
 7. WRITE YOUR DEALER ACCOUNT NUMBER in the block titled, ACCOUNT NO.
 8. In the DATE COMPLETED block, write in the date the repairs on the system were completed.
 9. Check the appropriate box in the block title, WARRANTY STATUS.
 10. The block title, OVERRIDE, is for office use and should NOT be marked.
 11. Describe the customer complaint in the block titled, SYMPTOM.
 12. In block 12, WORK PERFORMED, detail the work that was done to repair the unit.
 13. Block 13, BY TECH, should contain the name of the person who repaired the system.
 14. In the QTY. block, write in the number of parts being returned and, in the PART NUMBER block, the Part Numbers of the items being ordered. Disregard the SCHEM. DESIG., UNIT PRICE, and TOTAL blocks (they are for office use only).
 15. Retain Copy 3 of the PARTS RETURN FORM, DEALER COPY (pink), for your records and enclose copies 1 (WARRANTY ADMIN. COPY) and 2 (SUPERSCOPE PARTS DEPT. COPY) with the document package consisting of the PARTS ORDER FORM that you are sending with the defective part(s). See NOTE below.

NOTE:

When a part is ordered by telephone, the DEALER ACCOUNT Number is billed. Upon receipt of the defective part and the PARTS RETURN FORM, the DEALER ACCOUNT Number will be credited.





PARTS ORDER

20525 Nordhoff Street Chatsworth, California 91311 (213) 998-9333 / TOLL FREE (800) 423-5108

ACKNOWLEDGMENT NO.
19
SUPERSCOPE USE ONLY

CUSTOMER ACCOUNT NUMBER	ORDER DATE	PURCHASE ORDER NO.	PRODUCT LINE ✓ CHECK ONE ONLY
1	2	3	<input type="checkbox"/> SONY <input type="checkbox"/> MARANTZ <input type="checkbox"/> SUPERSCOPE <input type="checkbox"/> IMPERIAL <input checked="" type="checkbox"/> 4 <input type="checkbox"/> PIANOCORDER

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SUPERSCOPE USE ONLY					
TERMS	DISCOUNT	TAX	VIA	INTER - DIVISION TRANSFER CODE	SHIP TO CODE
7	8	9	10	11	12

ITEM	QUANTITY	PART NUMBER	MODEL	DESCRIPTION	UNIT PRICE	AMOUNT
1	13	14	15	16	17	18
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						



ATTENTION PARTS DEPT.
Pianocorder™
Reproducing System

A Division of SUPERSCOPE, INC. 20525 Nordhoff St., Chatsworth, CA 91311

INVOICE NO. 11. 2414

When ordering parts
use toll free number
800-423-5108

PARTS RETURN FORM

a copy of the invoice on which replacement
parts were ordered must accompany this form.

CUSTOMER NAME				DEALER NAME							
ADDRESS (1)				ADDRESS (2)							
CITY		STATE		ZIP		CITY		STATE		ZIP	
MODEL NO. (3)	SERIAL NO. (4)	DATE PURCHASED (5)			DATE RECEIVED (6)						
ACCOUNT NO. (7)		DATE CANCELED (8)	WARRANTY STATUS (9)		OVERSIGHT (10)						
SYMPTOM				QTY.	SCHM. DESIG.	PART NUMBER		UNIT PRICE	TOTAL		
(11)											
WORK PERFORMED											
BY TECH (13)											

DISTRIBUTION: 1 - WARRANTY ADMIN. COPY 2 - SUPERSCOPE PARTS DEPT. COPY 3 - DEALER COPY