

 SERVICE BULLETIN	model number DP-100, DP-110 Parts / Superscope	bulletin number 00009
	subject Defective Parts	
	technical services approval <i>J. R. Thomas</i>	writer <i>J. R. Thomas</i>
	engineering approval <i>[Signature]</i>	date 2/7/79

If you receive a defective part in your DP-100, DP-110, or in a shipment of new or replacement parts from Superscope Parts Department, call the Superscope Parts number, 213-998-9333, 213-873-2000, (in California) or 800-423-5108 out of the state of California and ask for an authorization number from the Superscope Parts personnel.

When you receive the authorization number, copy that number in the block marked AUTHORIZATION NO. on the defective parts form and write the person's name who gave you that number in the box marked AUTHORIZED BY.

In the box marked DATE, write the date you received authorization.

In the box marked ORIGINAL INVOICE NUMBER, write the packing list number or the order acknowledgement number.

Fill in the DEALER NAME, ADDRESS, CITY, STATE, ZIP, DEALER ACCOUNT NUMBER, DATE RETURNED, boxes with the proper information.

In the VIA, write the mode of shipping you are using to return the part. (It is advisable to use UPS.)

In the QUANTITY RETURNED box, write the quantity of each part returned.

In the COMPLETE PART NUMBER box, write the Superscope part number for that particular part.

In the MODEL NUMBER box, write the unit model number for which the part was to be used. (P-100, P-100M, P-200, etc.)

In the DESCRIPTION box, write the complete name of that part. (End Driver, Tape Recorder, Power Supply, etc.)

Disregard the UNIT PRICE box.

After you have completed this form correctly, enclose it in the container with the defective parts and send to: SUPERSCOPE INC., Attn: Parts Dept.

Please keep the bottom copy for your records.



PianocorderTM*

Reproducing System
 20525 Nordhoff St., Chatsworth 91311
 (213) 998-9333/873-2000 TWX 910-494-2760

I HEREBY REQUEST AUTHORIZATION
 TO RETURN THE BELOW
 DESCRIBED PARTS.

DEALER
 TO: NAME _____
 ADDRESS _____
 CITY AND STATE _____ ZIP CODE _____
 DEALER ACCOUNT NUMBER _____

AUTHORIZATION NO. _____ AUTHORIZED BY _____
 ORIGINAL INVOICE NUMBER _____ DATE _____

DATE RETURNED _____ VIA _____

ITEM	QUANTITY RETURNED	COMPLETE PART NUMBER (USE DASHES)	MODEL NUMBER	DESCRIPTION	UNIT PRICE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

TOTALS _____

TOTAL CREDIT _____