Since 1946
CARVIN
Guitars - Amplifiers - Pro Audio

RMA REPAIR FORM

Print and Include with Repair Unit

Date:

Name:

Phone:

***Email:**

* you will ONLY be notified of your repair status by email:
1st email sent when we receive and check in your repair.
2nd email sent when repair has been completed.

Current Address:

City: St: Zip:

☐ check if same as current address above

Ship To Address:

City: St: Zip:

Model Name or Part Number:

Serial Number: (if applicable)

Order/Invoice Number: (to reference warranty status)

Purchase Date: (if known)

Description of Problem: (Include additional pages or photos if necessary)