

International Service Center Repair Form

Detector Information:

Model Name:

Serial Number:

Contact Information:

First Name:

Daytime Telephone Number:

Last Name:

E-mail:

We will call you with an ESTIMATED COST of REPAIR prior to beginning repairs to your detector.

Description of the problem:

(Check any area of concern then briefly describe the specific problem)

Searchcoil _____

Control Box _____

Audio _____

Erratic Signals _____

Comments:

Return Shipping Address:

Street Address:

City:

County/State/Province:

Postal Code:

Country:

Billing Address (if not the same):

Street Address:

City:

County/State/Province:

Postal Code:

Country:

Please print, fill out and mail completed form with the detector and searchcoil to :

DTI GmbH & CO KG
Service Center
Hamburger Straße 17
41540 Dormagen
Germany