

SANYO North America Corporation
REQUEST FOR TECHNICAL ASSISTANCE
Fax # (818) 717-2719

1. Dealer Name, Contact Person & Phone Number: _____

2. Name: _____ Phone #: (____) _____

Return Shipping Address: _____

(Street Address)

(City, State, Zip Code)

3. E-mail where QRP Paperwork is to be Sent: _____

4. Projector Model Number: _____

5. Date of Purchase: _____

6. Projector Serial Number: _____

7. Detailed Description of Problem with Projector and Steps Taken to Resolve: _____

8. How Often Are Filters Cleaned on a Regular Basis: _____

Date Filters Last Checked: _____

Condition (Dirty, Clean, Partial) - Circle one

9. Is the Lamp the *Original* or a *Replacement*? – Circle one, Date replaced? _____

10. Description of the System, Environment and Equipment Connected to the Sanyo Projector (i.e. ceiling mounted, upright/inverted, how many units installed at location, Church/auditorium/conference room/sports bar/etc., video or data input source)
