



Repair Equipment Form

Fill this form out and then print it out to send along with the equipment. If you have any samples of the problem you are experiencing, please send them along with the equipment.

* * Means this is a required

Mail Equipment to: Tamron USA, Inc.
10 Austin Blvd.
Commack, NY 11725
Attn: Repair Department

* * NAME:

COMPANY:

* * ADDRESS:

* * E-MAIL ADDRESS:

* * CITY:

* * STATE:

* * ZIP:

* * DAY PHONE: (include area code)

* * EVE PHONE: (include area code)

FAX: (include area code)

* * BRIEF DESCRIPTION OF THE PROBLEM(S):

* * WHAT CAMERA BODY/MODEL ARE YOU USING?

* * Did you remember to include:

Receipt or Proof of Purchase

Warranty Card and/or Warranty Registration ID Number