

Service Request Form SoundTraxx Digital Sound Decoder

Once completed, please include this form with your returned decoder. This information will help us to diagnose and repair your decoder.

Customer name: _____

Address: _____

Daytime telephone number: _____ **E-mail address:** _____

Decoder model number(s): _____

Decoder description and/or part number: _____

Date of purchase: _____ Dealer purchased from: _____

Type of DCC system you operate and throttle/cab model: _____

Decoder installed by: _____

Locomotive (manufacturer, model and scale) that decoder was installed in: _____

Description of problem: _____

Payment Information:

VISA MC Expiration date: _____

Check Enclosed Check# _____ Amount Enclosed: _____