

model number DP-100 P-100, P-100M, P-200 bulletin number

for serial numbers

80000

subject

MISSING PARTS

SERVICE BULLETIN

technical services approval

P. Thomas

engineering approval

date

12/26/78

When the carton containing your P-100/PIANOCORDER Reproducing System Kit(s), P-100M Reproducing Piano(s), P-200 Vorsetzer Reproducer(s), or DP-100 Maintenance Kit has been received, check the packing list to make sure that all parts are enclosed. If you discover that a part(s) is missing, properly fill out a PIANOCORDER Reproducing System Missing Parts Form. Below are instructions on how to fill out this form properly. After you have completed the form, retain the dealer's copy for your records and send the Superscope Parts Department copies to:

Superscope Inc. Attn: Parts Department 20525 Nordhoff St. Chatsworth, Calif. 91311

- 1. Fill in the Dealer's Name and full address in the blocks on the upper left corner of the form.
- 2. If you want the parts shipped to another address, fill in the information in the right hand corner.
- 3. In the MODEL NO. block, write in the system model number. (P-100, P-100M, P-200, DP-100.)
- 4. In the SERIAL NO. block, write in the serial # of the unit located on the bottom of the PT-100 Tape Recorder bracket. DP-100, write in the serial # of the Tape Recorder located on the bottom of the Recorder.
- 5. Circle the State from where the shipment originated.
- 6. Write the date you received the product.
- 7. Write your DEALER ACCOUNT NUMBER.
- 8. In the QTY. block, write the number of the particular part missing.
- 9. In the PART NUMBER BLOCK, write the part number of the part missing.
- 10. In the DESCRIPTION BLOCK, write a description of the missing part. (Tape Recorder - End Driver Board - Cable 13)

A Division Of

(over)



1 - SUPERSCOPE PARTS DEPT. COPY

SS-0870 (12/78)

Pianocorder

Reproducing System A Division of SUPERSCOPE, INC. 20525 Nordhoff St., Chatsworth, CA 91311

MISSING PARTS FORM

DEALER SIGN	NATURE			Q∐ID ¹	το.							
DEALER NAI	NAME	SHIP TO:										
·		2.										
ADDRESS	ADDRESS											
CITY	CITY STATE ZIP				CITY STATE ZIP							
MODEL NO.												
3.				<u> </u>				DATE RECEIVED Mo. 6. Da. Yr.				
ACCOUNT NO.				Tenn.	<u> </u>	Cal.	No CAr	Mo. 6.	Da.	Yr.		
QTY.	PART NUM		DESCRIPTION									
8.	9.			10.								
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DISTRIBUTION	V:			<u> </u>								

2 – SUPERSCOPE PARTS DEPT. COPY

3 - DEALER COPY