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Service Form

Please fill in all the fields below, print and send in with your equipment. Alternatively, email it in to us at the office.

To speed up your service or repair, please ensure that your equipment is sent in a reasonably clean condition.

General Information

Date Sent Company Name (If applicable)

Point of Contact Purchase Order Number

Work Phone Mobile

Email

IMPORTANT: Please tick if you wish to be notified when your equipment arrives. Via email Via text message No contact

Return Street Address

City/Town State Post Code

Return Shipping Option - Please tick one

Standard (4-5 business days) Express* (1-2 business days) Pick Up - Melbourne Pick Up - Auckland

*Please note that Express Shipping will incur an additional fee.

Service Information

Product Name General Service - Please tick one Yes No

Fault Description - Please be as detailed as possible

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