



SERVICE REQUEST FORM

Definitech Pty Ltd, Unit 3 / 12 Tollis Place, Seven Hills NSW 2147
Phone: (02) 9620 7588 Fax: (02) 9620 7511 Email: service@definitech.com.au

| | | | |
|-----------------|-------|---------------------|-------|
| Date: | _____ | Job Number: | _____ |
| | | (Internal Use Only) | |
| Company Name: | _____ | | |
| Contact Name: | _____ | | |
| Address: | _____ | | |
| Suburb: | _____ | Postcode: | _____ |
| Phone: | _____ | Fax: | _____ |
| E-mail Address: | _____ | | |
| Mobile: | _____ | | |

Under Warranty

Note: Proof of purchase must be provided

YES

NO

| | |
|---------------|-------|
| Brand: | _____ |
| Product: | _____ |
| Model No: | _____ |
| Serial No: | _____ |
| Accessories: | _____ |
| | _____ |
| | _____ |
| Fault Report: | _____ |
| | _____ |
| | _____ |
| | _____ |

Estimate Required (Please Tick)

YES

NO

An Estimate fee of \$120.00 will apply if the estimate is rejected, please sign as acceptance of this condition.
Note: If we are unable to fault the unit, a minimum charge of \$66.00 will apply.

Signed _____

Name _____