

SERVICE/WARRANTY REQUEST FORM



Please return completed form by FAX or EMAIL.

Fax: 1300 473 422 | Email: sales@performhealth.com.au

CUSTOMER DETAILS (TO BE COMPLETED BY CUSTOMER)

CUSTOMER/BUSINESS NAME:	ACCOUNT CODE:
.....
CONTACT PERSON:	CONTACT NUMBER:
.....
EMAIL ADDRESS:	
.....	
CUSTOMER ADDRESS:	
Street Address:	State:
.....
Suburb:	Postcode:
.....

PRODUCT DETAILS (IF NOT KNOWN PLEASE CALL CUSTOMER SERVICE ON 1300 473 422)

PRODUCT NAME:	PRODUCT CODE:
.....
SERIAL/BATCH/LOT NUMBER:	INVOICE NUMBER:
.....

Is the product NEW or has it been used? <i>(please tick)</i>	NEW	USED
Has the product been set up as per manufacturer's instructions?	YES	NO
Has the manual been referred to for troubleshooting purposes?	YES	NO
Do you expect this to be covered by Warranty?	YES	NO
If product arrived damaged, MUST provide photos or videos	Product	Packaging

DESCRIPTION OF FAULT/ERROR MESSAGE *(details of how and when fault happened):*

Please call Customer Service on 1300 473 422 to get a "Return Authorisation (RA) Number".

RA Number:

Please address all returns to: Performance Health ANZ
Unit 3 / 3 Basalt Road
Pemulwuy NSW 2145

Where products are being returned to Performance Health ANZ for service, it is the customer's responsibility to ensure that the product is packaged safely with a copy of the approved service request form enclosed. We do not accept liability for any damage/loss that occurs whilst products are in transit.

I have read and accept the Terms and Conditions *(see overleaf)*.

.....
Signature Date

Customer Service will be in contact with you regarding the status of your application.

OFFICE USE ONLY

Original PM Number:		
Is it covered under warranty?	YES	NO
• If Yes, Goods to be Repaired or Replaced?	Repaired	Replaced <i>(specify PM#:.....)</i>
• If No, Is customer informed of repair charges?	YES <i>(specify PM#:.....)</i>	NO
Service Type:	Return to Manufacturer	On-site Service No return required
Goods return to be arranged by:	Performance Health ANZ	Customer
	RA Number:	SP Number: