



# REPAIR/SERVICE REQUEST FORM

Please call our Technical Support, 08 8211 7766, before sending any equipment for repair or service.

Requestor's Name: ..... Date: .....

Phone: ..... Fax: ..... Email: .....

Model: ..... Serial#: .....

User Name (if required): .....

Description of Fault: .....

.....

.....

.....

.....

Please List All Items Sent: .....

.....

New Product Warranty (Please State Purchase Date): .....

**BILL TO:** \_\_\_\_\_

Your PO Number \_\_\_\_\_

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

Complete if different to billing address

Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Liberator Pty Ltd, 265 Gilbert Street, Adelaide SA 5000

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