



REPAIR / SERVICE REQUEST FORM

R.A. NUMBER: _____

Please call our Technical Support on 08 8211 7766 before sending equipment for repair/service.

Device User Name:		Date:	
Requestor Name:			
Phone:		Email:	
Device Type:		Device Serial #:	
Description of fault:			
Please list all items sent:			

BILL TO (Please select one option):

<input type="checkbox"/> Covered under 3-year new product warranty (only for devices purchased from 1 st August, 2018, otherwise previous warranty conditions apply of 1 year)	Purchase date:	
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<input type="checkbox"/> NDIA (only select if the participant is NDIA managed and has funds allocated for Assistive Technology – Communication Equipment Repairs)	NDIS Number:	
	Participant DOB:	

<input type="checkbox"/> Other – (e.g self/plan managed) - provide details	Your PO Number:	
Name:	Organisation:	
Address:		
Phone:	Email:	

RETURN DEVICE TO (street address, not PO Box):

Name:	Organisation:	
Address:		
Phone:	Email:	

Office Use Only – Free Return Freight used – Yes or No