

SERVICE REQUEST FORM

NOTE: ALL FIELDS BELOW MUST BE COMPLETED IN FULL

Business Name			
Address / Location of Equipment		Site Phone	
Contact Name at Location		Mobile Phone	
Equipment Model Number		Serial Number	
Date of Claim		Date of Purchase	
Item/s Purchased From (Contractor or Dealer Business Name)		Supplier Inv#: (Contractor or Dealer Inv#)	
Site Induction required (Please select with "X")	Yes No	Loading Dock Booking Reference No. (if applicable)	
Is the Equipment on a 'Construction Site'	Yes No	Is Parking Available for Technician	Yes No
Description of fault: (Please include any error codes displayed on the controller). Please include any special instructions including any relevant loading access procedures, security staff numbers or relevant times which may restrict access.			

IMPORTANT INFORMATION BEFORE SIGNING BELOW:

1. Warranty claims are subject the Extended Warranty Terms & Conditions as set out by the Supplier to the exclusion of any other.
2. Normal Warranty call-out hours between Monday to Friday 08:00 to 17:00 and exclude Public Holidays. Any claims for repairs outside the nominated 'Normal Hours' will be charged to the Signee at normal commercial rates including any 'after hours' penalty rates which may apply at the time.
3. Any faults or damage found to be cause as a result of operator error in use, lack of cleaning, lack of or no maintenance, insufficient airflow, power surges, water damage or flooding, excessive heat/fire damaged, misuse, any unauthorised works or modifications of equipment, non-compliant installation, no fault found, or travel time exceeding 100kms or 1 hr from the authorised service agent premises will be charged back to the Signee at normal commercial rates.
4. Any futile attempt/s to gain access to equipment at the nominated site, on the nominated day and time for the purpose of evaluation and repairs will be charged to the Signee at normal commercial rates.

***The Signee acknowledges they are duly authorised to irrevocably agree to such terms as set out by the Supplier herewith;**

Digital Signature	Type Full Name here	Position/Authority	Date
Typing your name into this box is a signature pursuant to section 10 of the Electronic Transactions Act 1999 (Cth)			

OFFICE USE ONLY

Reference #			
Repairer - Service Agent		Repairer inv #	
IGLU, DEALER or CONTRACTOR Invoice #		Service Report Obtainer?	