

Two Way Radio Repair Form



Company Name: _____

Return Address: _____

State: _____ Post Code: _____

Contact Name: _____ Phone Number: _____

Email Address: _____

Customer PO Number: _____

Two Way Radio Model: _____

Serial Number: _____

Accessories Sent: Antenna Belt Clip
 Battery Other: _____

IMPORTANT: For rapid repair of the radio equipment, please include a detailed description of the fault to avoid unnecessary delays and include a purchase order with the equipment.

Detailed description of the fault: _____

Date: _____

Quote handling/rejection fee of AUD\$85 ex. GST applies to all items sent in. Warranty claims do not apply to physical damage or liquid ingress and is determined by the service centre. A copy of the original invoice is required for warranty claims.

> When completed, please print 2 copies. (Keep a copy and dispatch one with radio and/or accessories).

CUSTOMER REPAIR NUMBER:
(Head office to issue)

OFFICE USE ONLY

Two Way Radio Model: _____

Date: _____

Serial Number: _____

Detailed description of the fault: _____

CUSTOMER REPAIR NUMBER:
(Head office to issue)

1800 222 327