

Service - Tool Return Form

PRIMEPAC INDUSTRIAL
 Level 3, Building 1
 61 Constellation Drive
 Rosedale, Auckland 0632

FAX: 0800 622 226

FREE PH: 0800 277 772

Cust./Company:		Date:	
Return Address:			
Account No.:			

Contact Name:		Phone:	
Email address:			

Tool Details:			
Leased Tool	<input type="checkbox"/>	Battery	<input type="checkbox"/>
Hired Tool	<input type="checkbox"/>	Charger	<input type="checkbox"/>
Owned Tool	<input type="checkbox"/>	Carry Case	<input type="checkbox"/>
		Model:	
		Serial Number:	
		Purchase Date:	

Cust. Order No./Reference:	
-----------------------------------	--

Reason for Return: (please circle requested option below)		
requesting full Service	<input type="checkbox"/>	requesting Repair
	<input type="checkbox"/>	Other:

Service / Fault Description: (For Customer to fill out)
Other Notes:

To speed up the Process please choose below:	
I request a Quotation prior to Repair/Service and no action unless approved	<input type="checkbox"/>
I approve for immediate Repair/Service under 350,-\$	<input type="checkbox"/>

Please return Tool for Service / Repair to:
Primepac Industrial - Attn: Tool Servicing, Level 3, Building 1, 61 Constellation Drive, Rosedale, Auckland 0632

With completion and signing of this Form, the Customer agrees to an Examination of this Tool.
 Unless the Tool gets returned under Warranty, the Examination will be charged to Customer's Account.

Customer Name (print):	Customer Signature:	Date:
------------------------	---------------------	-------