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Customer Service Authorisation Form

This is not to be used as a Vendor Purchase Order

CS Number

CS				
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Company Name _____
 Address _____
 Phone Number _____ Fax Number _____
 Job Reference _____ Date _____
 Your Purchase Order Number _____
 Quote required: Yes No

Return Address (if different)

Please attach your purchase order with this form if available

Item Name	Model No.	Serial No.	Fault Description		
			NOTE. "Faulty" is not a description. Please provide full description or attach a note to avoid delays.		
Warranty Claim	Previously Repaired	Where Installed (If known)	Date of Purchase (If known)	Invoice Number (If known)	Contact Person
YES NO	YES NO				Name Phone
(Please circle yes or no)					

Office Use Only	Comments: _____ _____ _____	Processed By: _____ Date Completed:
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