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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 _____

Contact 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)					Email

Office Use Only

Comments: _____

Processed By: _____

Date Completed: | |