



FCR MOTION TECHNOLOGY Pty. Ltd.

REPAIR REQUEST / WARRANTY CLAIM

To assist us in providing a better service and to ensure that your repair or warranty claim is processed in an efficient manner, please complete this form and return it with the goods for repair.

The fields marked * are mandatory.

Goods should be sent to: **SERVICE DEPARTMENT
FCR MOTION TECHNOLOGY PTY LTD
UNIT 6, 38-40 LITTLE BOUNDARY RD.
LAVERTON NTH, VICTORIA, 3026**

Please note that:

- Requests for repairs require an order number to cover the initial investigation. The cost will depend on the product involved, please contact our office for details.
- Warranty Claims require an order number to cover the initial investigation. This will be waived if the claim is accepted.
- Claims must be supported by documentation including invoice number and date of purchase.
- An accurate and full description of the fault is required to assist with diagnosis.
- The sender is liable for all freight costs to and from our workshop.

SENDER INFORMATION

* Company Name		
* Address		
		Post Code
* Contact name		
* Phone No.	Email	Fax No.
* Date	* Order No.	* Price Quoted

RETURN FREIGHT

* Carrier	* Acc No.
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PRODUCT INFORMATION

*Product Description		
* Model		* Serial No.
Warranty claim Y / N	Purchase Inv. No.	
* Description of fault		