



SERVICE REQUEST FORM
(PROOF OF PURCHASE MUST PROVIDE FOR ALL WARRANTY RETURNS)

DATE:	<input type="text"/>	
COMPANY NAME:	<input type="text"/>	
ADDRESS:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CONTACT:	<input type="text"/>	WARRANTY DETAILS
PHONE NUMBER:	<input type="text"/>	DATE OF PURCHASE
FAX NUMBER:	<input type="text"/>	INVOICE NUMBER
PRODUCT RETURNED:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FAULT DESCRIPTION:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

THIS FORM MUST BE COMPLETED IN FULL ALONG WITH PROOF OF PURCHASE AND RETURNED WITH FAULTY PRODUCT

**TO: Service Department
TeleEXPRESS Ltd
87 CARBINE ROAD
Mt. WELLINGTON
AUCKLAND
PH: 09 574 2244 FAX:09 574 2240**