

# Incoming Services Form

## CONTACT INFORMATION

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

## PRODUCT

Brand \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_

Additional Parts \_\_\_\_\_

(Please specify any parts included in your shipment ie. Batteries, remote controls, etc)

## REQUIRED SERVICE

☐

Quote

☐

Repair

☐

Clean and calibration

☐

Warranty claim\*

\*Warranty claims are at the discretion of Spot-on.

## SERVICE DETAILS

What is the problem with your product? \_\_\_\_\_

Has the unit been subject to impact/shock or exposed to conditions outside of the manufacturers specifications? (E.g. Weather)? If yes, please specify. \_\_\_\_\_

X

Customer signature

Date

Customer support number (if applicable)

Send by courier or Australia Post (registered post recommended).  
Please ensure that your product is securely packaged in a cardboard box.

Spot-on Laser & Tool Company Pty Ltd  
ABN: 17 135 259 317

For all services sent via courier (not Australia Post) please send to the following address:

**Spot-on Laser & Tool Company**  
**Building 8, 11 Newcastle Street, Newtown, VIC 3220**

For services sent via Australia Post please send to the following PO Box:

**Spot-on Laser & Tool Company**  
**PO Box 2272, Geelong, VIC 3220**