



# 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		