

PO Box 170, Terrey Hills, NSW 2084

Ph: 1300 326 326 Fax: 1300 789 826

REQUEST FOR CREDIT ON WARRANTY ITEM

Please complete this form and return, along with the faulty parts for your return credit.

•	Supplier name			
•	ECA/ECM Tax Invoic	ce number to be c	redited	
•	ECA/ECM Machine	Serial No.		
•	Description of Faulty	y Part		
•	ECA/ECM Machine	Tax Invoice Numb	er Purchase Date	
			aulty parts must be returned with this enable the processing of the claim.	
The return of taccompanyi		arranty part will vo	id the payment of the original,	
Claim will not	be approved if fault	is deemed to be U	ser or External Fault.	
	Office use only	Technical	Date received:	
Findings:	Ţ	Fault testing		
		Fault testing	g:	
		Fault testing	g:	
	Component fau	Fault testing	g:	
	Component fau	Fault testing	g:	