

WARRANTY REQUEST FORM

Please return this completed form to: Email: service@actronair.com.au

Fax: (02) 8814 4061

REQUIRED FIELDS
Incomplete forms will be returned

	Com	pany Requesting	Warranty Sei	rvice			Date:				
Company Name:											
Company Address:											
State:							Post Code:				
Company Phone:							Fax No:				
Company Email:								•			
End User Details											
Application		Domestic									
Customer Name:		2 office of the second of the			Tennant Name:						
Site Address:						Termane	· ·				
State:							Post Code:				
Phone No:						Mobile:					
Email:											
Site Contact:											
Install Date:				Installe	r:						
Outdoor Model:				Outdoo	r Serial N	No.					
Indoor Model:				Indoor	Serial No						
Fault Description – please provide a detailed description of the fault. A description of just "faulty" will not be accepted.											
PARTS required:						If controller is required, please specify the colour:					
					Grey		Black		White		
Delivery Address	Company Address				Other*				(Please specify below)		
Address:											
State:							Post Code:				
Who Will be attend	ling?				Com	nany regu	esting wty call		Δct	ronAir	
Location of equipment?		Evaporator / Indoor				essible	comb wty can			ccessible	
		Condenser / Ou			und Level				oftop*		
		*Are anchor poin		Yes				No			
Please Note:											
If evaporator, condenser or any componentry is inaccessible, charges may apply for excess time on site.											
Travel outside of metropolitan area can incur additional charges											
3. **Any non-manufacturing faults will be charged to the company requesting this service call**											
Please Nominate action to be taken in the above events:											
Call from site to get approval prior to carrying out repairs											
2. Charge installer (Tick only if you are the installer)											
3. Do not proceed with any further repairs										·	

For information regarding the latest ActronAir warranty terms & conditions please visit www.actronair.com.au

Document: Warranty Request Form Document Number: 1229 Version: 2