



VIVAX METROTECH



Head Office

Ph: 02 9972 9244
sales@vxmtaus.com

Service Centre
Unit 6 750 Pittwater Rd
Brookvale NSW 2100
02 9905 5613
service@vxmtaus.com

Service Centre Request

Billing Address

Company Name: _____
Street or P.O. Box: _____
City: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

Shipping Address (if same as billing, write "SAME")

Company Name: _____
Street or P.O. Box: _____
City: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

SHOULD YOUR UNIT BE UNDER WARRANTY, PROOF OF PURCHASE MUST BE PROVIDED:

Date of purchase: _____ Purchased from: _____ Invoice no: _____

IF REPAIR COST EXCEEDS \$400, WILL YOU REQUIRE AN ESTIMATE. [] YES [] NO

NO ESTIMATES WILL BE PROVIDED FOR REPAIR COSTS LESS THAN \$400 PER UNIT UNLESS ESTIMATE FEE IS PAID IN ADVANCE

ESTIMATE FEE IS \$150. THIS FEE COMES OFF THE TOTAL PRICE IF YOU PROCEED WITH THE REPAIR

Your Purchase Order Number: _____

Direct Deposit: Service only – Multi Use Pty Ltd Westpac BSB 032 094 Acct 64 0186

Credit Card: VISA MASTERCARD (1.75% SURCHARGE) AMEX (1.95% SURCHARGE)

Card Number: _____ CCV no: _____ Exp date: _____

MODEL _____ **TRANSMITTER SERIAL#** _____ **RECEIVER SERIAL#** _____

REEL SERIAL# _____ **CAMERA SERIAL#** _____ **CONTROL MODULE SERIAL#** _____

Locator Calibration Certificate Required [] Yes [] No

List Problems/Comments concerning the Unit

Place this sheet inside the case or box with the unit

NOTE: THERE WILL BE A \$150.00 CHARGE FOR ANY UNIT BEING RETURNED UNREPAIRED (ALL PRICES EX GST)