

## EQUIPMENT REPAIR FORM

Please fill in all relevant information and send your equipment with repair form to:

**ATT: SERVICE DEPARTMENT**  
**Medelect Biomedical Services**  
**4/611 Hay Street**  
**Jolimont WA 6014**

CONTACT DETAILS	
<b>Business Name:</b>	
<b>Main Contact Person:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Address:</b>	
<b>Suburb:</b>	
<b>Postcode:</b>	

EQUIPMENT DETAILS	
<b>Type:</b>	
<b>Model Number:</b>	
<b>Serial Number:</b>	
<b>Manufacturer Warranty Repair:</b> Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] <i>(please tick)</i>	
<b>Problem you are experiencing:</b> No Power [ <input type="checkbox"/> ] Damaged [ <input type="checkbox"/> ] Intermittent [ <input type="checkbox"/> ] <i>(please tick)</i>	
<b>Description:</b>          	