



# WARRANTY REQUEST FORM

Please return this completed form to:

Fax: (02) 8814 4061

Email: [service@actronair.com.au](mailto:service@actronair.com.au)

***Incomplete forms will be returned***

Company Requesting Warranty Service		Date:	
Company Name:		Contact:	
Company Address:			
State:		Post Code:	
Company Phone:		Fax No:	
Company Email:			

End User Details			
Application	Domestic <input type="checkbox"/>	Commercial <input type="checkbox"/>	
Customer Name:		Tenant Name:	
Site Address:			
State:		Post Code:	
Phone No:		Mobile:	
Email:			
Site Contact:			
Install Date:		Installer:	
Outdoor Model:		Outdoor Serial No.	
Indoor Model:		Indoor Serial No.	
Fault Description:			
Parts Required:			
Delivery Address	Company Address <input type="checkbox"/>	Other* <input type="checkbox"/>	(Please specify below)
Address:			
State:		Post Code:	

Who Will be attending?	<input type="checkbox"/> Company requesting wty call	<input type="checkbox"/> ActronAir
Location of equipment?	<input type="checkbox"/> Evaporator / Indoor	<input type="checkbox"/> Accessible
	<input type="checkbox"/> Condenser / Outdoor	<input type="checkbox"/> Ground Level
	<input type="checkbox"/> *Are anchor points available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Note:**

1. If evaporator, condenser or any componentry is inaccessible, charges may apply for excess time on site.
2. 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:**

1. Call from site to get approval prior to carrying out repairs	<input type="checkbox"/>
2. Charge installer (Tick only if you are the installer)	<input type="checkbox"/>
3. Do not proceed with any further repairs	<input type="checkbox"/>

For information regarding the latest ActronAir warranty terms & conditions please visit [www.actronair.com.au](http://www.actronair.com.au)