

Service Request Form



YOUR DETAILS

Trading Name

Title ☐ Mr ☐ Mrs ☐ Ms Other

Given name(s)

Surname

Postal Address

Phone

Email

CONTROL BOX / TOOL DETAILS

Type:

Type:

Type:

Serial No:

Serial No:

Serial No:

NOTES

FREIGHT (Please select from the below options)

☐ YOUR FREIGHT

Send to: PLASSON Australia
77 Logistics Place, Larapinta QLD 4110

Freight account details (leave blank for Plasson Australia arranged freight)

Company:

Account #:

Return Address ☐ Same as Postal Address

☐ PLASSON ARRANGED

PLASSON Australia to arrange and oncharge costs

Pick up Address

☐ Same as Postal Address

Company:

Account #:

Return Address

☐ Same as Above

NOTE: By sending this form the customer agrees to pay an \$80 net evaluation fee if quote for repair is not accepted.

PLEASE SEND COMPLETED FORM TO:
service@plasson.com.au

RESET FORM

SEND FORM

 **Phone.**
1300 752 776

 **Email.**
sales@plasson.com.au

 **Web.**
plasson.com.au