

# Service Request Form



## YOUR DETAILS

Trading Name

Postal Address

Title    Mr    Mrs    Ms    Other

Given name(s)

Phone

Surname

Email

## CONTROL BOX / TOOL DETAILS

Type:

Serial No:

Type:

Serial No:

Type:

Serial No:

## NOTES

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## FREIGHT *(Please select from the below options)*

### YOUR FREIGHT

**Send to:** PLASSON Australia  
49 Distribution Street, 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](mailto:service@plasson.com.au)

 **Phone.**  
1300 752 776

 **Email.**  
[sales@plasson.com.au](mailto:sales@plasson.com.au)

 **Web.**  
[plasson.com.au](http://plasson.com.au)