

DLC AUSTRALIA CREDIT / REPAIR FORM
Completed form must be sent back with goods

Company Name: _____

Contact Name: _____

Phone:(____)_____ Fax:(____)_____

Email: _____

Address: _____

Dear Customer, please ensure that you fill out all your details to ensure timely processing of your request.

Product Description: _____

Serial Number: _____

Fault Details / Reason for Return _____

Accessories Included _____

Proof of Purchase must be provided for warranty/credit claims.
Failure to provide required documentation will result in the charge for the service provided.

Credit
DLC Contact Name: _____

Repair
DLC Contact Name: _____

Date of Purchase: ____ / ____ / ____

Invoice Number: _____

Office Use Only:

Invoice Number: _____

Date Received by DLC Australia Inward Goods: ____ / ____ / ____

Date Credited / Repaired by DLC services: ____ / ____ / ____

Date Shipped by DLC Inward Goods: ____ / ____ / ____

Extra Notes: _____

***PLEASE NOTE: IF FORM IS NOT RECIEVED WITH GOODS,
YOUR REQUEST CANNOT BE PROCESSED.***