



Please fill out details below and send in with your tool

**Your Details:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

**Tool Details:**

Make of Tool: \_\_\_\_\_

Model of Tool: \_\_\_\_\_

Is tool under warranty? Yes No

Is a copy of the receipt attached (required)? Yes No

Description of fault: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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