

**T2**

# Service Form

## REPAIR FORM - CUSTOMER DETAILS

<b>Company Name</b>	<b>Contact Name</b>	<b>Email</b>
<b>Billing Address (if different from Shipping Address)</b>		<b>Shipping Address</b>
<b>Customer Reference</b>	<b>Date</b>	<b>Phone</b>
		<b>Fax</b>

**PRODUCT / FAILURE DESCRIPTION: (Please check the option which best describes the failure that you are experiencing)**

Serial Number	Product Number	Accessories Sent? Please specify:
<input type="checkbox"/> <b>BATTERY PROBLEM</b> <input type="checkbox"/> Backup <input type="checkbox"/> Damage <input type="checkbox"/> Won't charge  <input type="checkbox"/> <b>CABLE PROBLEM</b> <input type="checkbox"/> Connector <input type="checkbox"/> Intermittent <input type="checkbox"/> Loose/worn  <input type="checkbox"/> <b>CHARGER PROBLEM</b>  <input type="checkbox"/> <b>COMMUNICATION PROBLEM</b> <input type="checkbox"/> Interface <input type="checkbox"/> Intermittent <input type="checkbox"/> Modem <input type="checkbox"/> Range/coverage/network  <input type="checkbox"/> <b>LASER PROBLEM</b> <input type="checkbox"/> Alignment / beam size <input type="checkbox"/> Intermittent <input type="checkbox"/> No beam / faint beam <input type="checkbox"/> No decode	<input type="checkbox"/> <b>DISPLAY PROBLEM</b> <input type="checkbox"/> Backlight <input type="checkbox"/> Cracked <input type="checkbox"/> Does not display <input type="checkbox"/> Faint / Contrast <input type="checkbox"/> Missing lines / characters <input type="checkbox"/> Touch panel  <input type="checkbox"/> <b>KEYBOARD PROBLEMS</b> <input type="checkbox"/> Keys not functional <input type="checkbox"/> Missing keys <input type="checkbox"/> Worn / Sticking keys  <input type="checkbox"/> <b>DAMAGE PROBLEM</b> <input type="checkbox"/> Antenna / mount <input type="checkbox"/> By water <input type="checkbox"/> Case / housing / handle <input type="checkbox"/> Connector <input type="checkbox"/> End cap <input type="checkbox"/> Internal / loose parts <input type="checkbox"/> Trigger <input type="checkbox"/> Window / lens	<input type="checkbox"/> <b>LOCK UP PROBLEM</b>  <input type="checkbox"/> <b>MEMORY PROBLEM</b>  <input type="checkbox"/> <b>POWER PROBLEM</b> <input type="checkbox"/> Intermittent <input type="checkbox"/> Won't power up  <input type="checkbox"/> <b>RESET PROBLEM</b> <input type="checkbox"/> Won't reset  <input type="checkbox"/> <b>SOFTWARE PROBLEM</b> <input type="checkbox"/> Application problem <input type="checkbox"/> Configuration issues <input type="checkbox"/> Does not load <input type="checkbox"/> Error <input type="checkbox"/> Revision / version <input type="checkbox"/> Setup problem  <input type="checkbox"/> <b>TONE-BEEPER-SPEAKER</b>  <input type="checkbox"/> <b>ERROR RECEIVED</b>

Please provide any additional detail regarding your failure (if none of the above descriptions apply):

## REPAIR TYPE & CHARGES ( Please make selection below )

Repair Type	Is a Repair Quotation Required? (Tick one)	
<b>Contract</b>	NO	<input type="checkbox"/> This unit is covered for the failure that occurred
	YES	<input type="checkbox"/> This unit is not listed under our contract
	YES	<input type="checkbox"/> Repair is not covered due to nature of failure
<b>Warranty</b>	NO	<input type="checkbox"/> Please repair manufacture defect only Do not refurbish, replace plastics, etc
	YES	<input type="checkbox"/> Please quote me for refurbishment
<b>Upgrade</b>	YES	<input type="checkbox"/> Upgrade requirements detailed in Fault Description field
<b>Flat Rate Repair</b>	YES	<input type="checkbox"/> Unit is not covered by contract or warranty

Repair Charges	Please complete	
<b>FLAT RATE REPAIR</b>	<input type="checkbox"/>	\$
Priority 1 Day (extra \$159.50 inc GST)	<input type="checkbox"/>	\$
<b>OR</b> Priority 3 Day (extra \$93.50 inc. GST)	<input type="checkbox"/>	\$

**Total (inc. GST)** \$

**Purchase Order #**  
(Please attach Purchase Order)

## SHIPPING DETAILS

This form is to be enclosed for each faulty unit and sent to:  
**WARP SYSTEMS, 317 PASCOE VALE ROAD, ESSENDON, VIC, 3040**