

## EQUIPMENT REPAIR FORM

Please fill in all relevant information below and send your equipment and repair form to:

**ATT: SERVICE DEPARTMENT**  
**Medelect Biomedical Services**  
**4/611 Hay Street**  
**Jolimont WA 6014**

Business Name:	
Main Contact Person:	
Email:	
Address:	
Suburb:	
Postcode:	
Phone:	
Equipment Type:	
Model Number:	
Serial Number:	

<p>Problem you are experiencing:</p> <p>No Power [ <input type="checkbox"/> ] Damaged [ <input type="checkbox"/> ] Intermittent [ <input type="checkbox"/> ] (please tick)</p> <p>Description:</p>
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