

EQUIPMENT REPAIR FORM

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

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

CONTACT DETAILS	
Business Name:	
Main Contact Person:	
Phone:	
Email:	
Address:	
Suburb:	
Postcode:	

EQUIPMENT DETAILS	
Type:	
Model Number:	
Serial Number:	
Problem you are experiencing: No Power [<input type="checkbox"/>] Damaged [<input type="checkbox"/>] Intermittent [<input type="checkbox"/>] (please tick) Description: 	