

						_	ABN: 98 076 603 579
Repair Details Form					DATE:	/	/
Send to:	Corporate C	ommunication	Services				
		Punch Street Ar		2064 OR	R PO Box	140 St Peters	NSW 2044
Phone	02 9493 907				x: 02 9493 90		
Email	service@cor	pcomms.com.a	au				
			CUSTON	IER DET	AILS		
COMPANY NAME:							
CONTACT NAME:							
ADDRESS							
ADDRESS							
SUBURB						F	P/C
CONTACT DETAILS		PHONE					
		FAX					
		MOBILE					
		EMAIL					
EQU	IPMENT	DETAILS	S (ONE F	REPAIR F		R FAULT	Y ITEM)
MANUFACT	URER		-				
MODEL	-						
SERIAL NUMBER ACCESSORIES SENT WITH UNIT (Please Indicate Qantities underneath)		Battery	Antenna	Speaker Mic	Earpiece	Carry Case	Belt Clip
							•
					·		
		Side Adaptor	Dust Cover	Trunion	Thumb Screws	Fist Mic	NONE
REPORT	ED FAULT						
			AUI	HORITY			
	fees). I und	erstand that if	the repair is t		han \$132.00 tl	hat I will receive	GST) (Excluding a written quote.
AUTHORISATION TO COMPLETE WORK:		COMPLETE	Print				
			Sign				
PURCHASE ORDER NUMB			ER				

(IF REQUIRED)