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AQUACHEM WARRANTY NOTIFICATION FORM

Please complete all the details on this form and return it to Aquachem (Vic) Pty Ltd along with your proof of purchase and the attached credit card authorization form to services@aquachem.com.au or fax 9792 9442. A return fax or email will be sent to advise if your request has been accepted or rejected.

Without exception the following applies:

- 1. Approval from Aquachem (Vic) Pty Ltd must be given prior to goods being returned.
- 2. Freight will not be credited. Return freight must be organized and paid for by the person or company returning the goods.
- 3. If callout is required \$120 fee will be charged for Melbourne Metropolitan.

Business Name:				
Address:				
State:				
Fax Number:	Em	nail:		
Description of Goods:				
Product Description:			Product Code:	
Original Invoice Number: (please provide copy of invo			Date of Install: date of install)	
Reported fault:				
Serial number of damaged	unit:			
How long has the product b	een in operation?			
Please return approved goo	ds with a copy of this f	form to: Aquachem (Vic) Pt	ty Ltd	
	rvices provided by Aqu	uachem (Vic) Pty Ltd, shoul	ave provided to Aquachem (Vic) Pt Id the fault be due to an issue not co	•
Signed:			Date:	
Aquachem (Vic) Pty Ltd Offi	ce use only			
Approved	Rejected			
Replaced under Sales Order	Number:			
Stock returned to Aquacher	n (return docket numb	oer):		
Authorised by:				
Approval Date:				
Has the issue been resolved	? YES/NO			
If NO, give details:				
Does the Warranty require e	xternal labour? YES/NC			
If YES who is completing the	work?			