

REPAIR FORM (RF)		
RMA No. (if any)	:	
Date	:	
Company Name	:	
Name of Sender	:	
Telephone No.	:	
Facsimile No.	:	
Email	:	
Type of Claim : <input type="checkbox"/> Warranty <input type="checkbox"/> Repair <input type="checkbox"/> Credit		
Full Part No.	Serial No.	Details of the defect or problem
SUBMISSION BY APPLICANT		RECEIVED BY
Name of Applicant: Goods Return Address: Signature: Date:		Name of Recipient: Signature: Date:
REPAIRED BY SERVICE DEPARTMENT (FOR INTERNAL USE ONLY)		
Name of Personnel	:	Date
Repair Status	:	<input type="checkbox"/> Under Warranty <input type="checkbox"/> Warranty Void <input type="checkbox"/> Full Credit <input type="checkbox"/> Credit less 15% Restocking Fee
Quotation Reference No	:	Purchase Order No
Remarks		
PLEASE NOTE : Complete this RF form and send via email at sales@apcs.net.au or fax it to us at 02 8825 9290. Ship the product to us and enclose a copy of the RF. Please use only RF available from our website at "www.apcs.net.au" or by our support personnel.		