

ADVANCE REPLACEMENT FORM

In exchange for Allaw agreeing to supply a replacement unit in advance of receiving the faulty unit, the client agrees to

- 1) Return the faulty unit within 7 days *or*
- 2) Pay the cost of the replacement unit.

IMPORTANT NOTE:

This form must be fully completed, signed then Emailed or faxed to Allaw in order for the replacement unit to be dispatched.

Fax 02-9417-7002 or Email to service@allaw.com.au

Company / Contact: _____

Delivery Address: _____

City / Suburb: _____

State: _____ **P/Code:** _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Email can be used to provide shipping details for tracking of your delivery

Replacement Information

Model / Make: _____

Additional Information: _____

Serial Number: _____

Purchase Date: _____

(If unit is under warranty; It is necessary that this form is returned with a proof of purchase e.g. invoice, showing a conforming date of purchase and Serial number.)

Job / Purchase Order #: _____ **Part #:** _____

Fault Description: _____

The faulty unit must be returned within 7 days or we will charge the full value of the unit to your account.

Sign & print name: _____

Date: _____

Allaw use only

ARN: _____

Model: _____

Serial Number: _____