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Service Request Form

Integrated Management System

Please fill in the form and email to service@thomsongroup.com.au and/or send along with the unit to TES.									
Service type:		Repair Service Contract Rental Warranty Other						Other	
Company	Name:								
Requestor	Name:								
Requestor Contact No.:					Email:				
Site Contact Name:					11				
Site Contact No.:		Email:							
ETA at TES workshop:					•				
Date to be Retuned:									
Method of return/shipping:		Freight companyFreight compnameaccount num							
Equipment Details	8:								
Model and Make:				Seri	al number:				
Accessories:				Und	nder warranty?		□ Yes	□ No	
Voltage:				Dec	ontaminated	1?	□ Yes	□ Not Applicable	
Parts required:		-					Charge to:		
Qty Part No.		Description					Customer Agreement No.		
							Warra		
]		
 IMPORTANT: Minimum 2 to 4 hours of labour fee for assessment and fault finding is chargeable, according to instrument model and type, unless agreed otherwise. If applicable, instruments must be decontaminated before delivery to TES. For safety purposes, please use proper danger, out of service, or any suitable tag on the equipment. 									
Completed by signature:					Date:				

TES Job No.: for internal use