

REPAIR RETURN FORM

CUSTOMER DETAILS

Customer Name <input style="width: 90%;" type="text"/>	Contact Name <input style="width: 90%;" type="text"/>	E-mail <input style="width: 90%;" type="text"/>	
Billing Address (If different from Shipping Address) <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/>		Shipping Address <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/> <input style="width: 98%;" type="text"/>	
Customer Reference <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>	Phone <input style="width: 90%;" type="text"/>	Fax <input style="width: 90%;" type="text"/>

PRODUCT /FAILURE DESCRIPTION: (Please check the option below which best describes the failure that you are experiencing.)

Serial Number <input style="width: 90%;" type="text"/>	Product Number <input style="width: 90%;" type="text"/>	Accessories Sent ? Please specify: <input style="width: 98%;" type="text"/>	
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1 <input type="checkbox"/> BATTERY PROBLEM 2 <input type="checkbox"/> Backup 3 <input type="checkbox"/> Damage 4 <input type="checkbox"/> Drain problem 5 <input type="checkbox"/> Heating up 6 <input type="checkbox"/> Won't charge 7 <input type="checkbox"/> Won't hold charge 8 <input type="checkbox"/> CABLE PROBLEM 9 <input type="checkbox"/> Connector 10 <input type="checkbox"/> Cut/pinched 11 <input type="checkbox"/> Intermittent 12 <input type="checkbox"/> Loose 13 <input type="checkbox"/> Worn 14 <input type="checkbox"/> CHARGER PROBLEM 15 <input type="checkbox"/> COMMUNICATION PROBLEM 16 <input type="checkbox"/> Interface 17 <input type="checkbox"/> Intermittent 18 <input type="checkbox"/> Modem 19 <input type="checkbox"/> Optical 20 <input type="checkbox"/> PCMCIA 21 <input type="checkbox"/> Printer 22 <input type="checkbox"/> Range/coverage 23 <input type="checkbox"/> RF/radio	24 <input type="checkbox"/> DAMAGE PROBLEM 25 <input type="checkbox"/> Antenna 26 <input type="checkbox"/> Antenna Mount 27 <input type="checkbox"/> By water 28 <input type="checkbox"/> Case / housing 29 <input type="checkbox"/> Connector 30 <input type="checkbox"/> End cap 31 <input type="checkbox"/> Handle 32 <input type="checkbox"/> Internal / loose parts 33 <input type="checkbox"/> Trigger 34 <input type="checkbox"/> Window / lens 35 <input type="checkbox"/> DISK PROBLEMS 36 <input type="checkbox"/> DISPLAY PROBLEMS 37 <input type="checkbox"/> Backlight 38 <input type="checkbox"/> Cracked 39 <input type="checkbox"/> Does not display 40 <input type="checkbox"/> Faint / contrast 41 <input type="checkbox"/> Lines 42 <input type="checkbox"/> Missing characters 43 <input type="checkbox"/> Touch panel 44 <input type="checkbox"/> ERROR RECEIVED 45 <input type="checkbox"/> Message _____	46 <input type="checkbox"/> KEYBOARD PROBLEM 47 <input type="checkbox"/> Keys not functional 48 <input type="checkbox"/> Missing keys 49 <input type="checkbox"/> Overlay 50 <input type="checkbox"/> Sticking keys 51 <input type="checkbox"/> Worn keys 52 <input type="checkbox"/> LASER PROBLEM 53 <input type="checkbox"/> Alignment / beam size 54 <input type="checkbox"/> Intermittent 55 <input type="checkbox"/> No beam / faint beam 56 <input type="checkbox"/> No decode 57 <input type="checkbox"/> LED PROBLEM 58 <input type="checkbox"/> LOCKUP PROBLEM 59 <input type="checkbox"/> MEMORY PROBLEM 60 <input type="checkbox"/> Error 61 <input type="checkbox"/> Full / insufficient 62 <input type="checkbox"/> PRINTER PROBLEM 63 <input type="checkbox"/> Cable 64 <input type="checkbox"/> Head problem 65 <input type="checkbox"/> Journal / tapes / slip 66 <input type="checkbox"/> Printing quality	67 <input type="checkbox"/> POWER PROBLEM 68 <input type="checkbox"/> Intermittent 69 <input type="checkbox"/> Won't power up 70 <input type="checkbox"/> RESET PROBLEM 71 <input type="checkbox"/> Won't reset 72 <input type="checkbox"/> Intermittent 73 <input type="checkbox"/> SETUP PROBLEM 74 <input type="checkbox"/> SOFTWARE PROBLEM 75 <input type="checkbox"/> Application problem 76 <input type="checkbox"/> Configuration issues 77 <input type="checkbox"/> Does not load 78 <input type="checkbox"/> Error 79 <input type="checkbox"/> Revision / version 80 <input type="checkbox"/> SYSTEM PROBLEM 81 <input type="checkbox"/> Crashes 82 <input type="checkbox"/> Error 83 <input type="checkbox"/> Interface 84 <input type="checkbox"/> Network 85 <input type="checkbox"/> TONE-BEEPER-SPEAKER 86 <input type="checkbox"/> WAND PROBLEM
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Please provide any additional detail regarding your failure (if none of the above descriptions apply):

REPAIR TYPE & CHARGES (Please make selection below)

Repair Type	Is a Repair Quotation Required? (Tick one)	
Contract	NO <input type="checkbox"/>	This unit is covered for the failure that occurred
	YES <input type="checkbox"/>	This unit is not listed under our contract
	YES <input type="checkbox"/>	Repair is not covered due to nature of failure
Warranty	NO <input type="checkbox"/>	*Please repair manufacture defect only *Do not refurbish, replace plastics etc
	YES <input type="checkbox"/>	Please quote me for refurbishment
Upgrade	YES <input type="checkbox"/>	Upgrade requirements detailed in Fault Description field
Quote	YES <input type="checkbox"/>	Please quote me before repairs are carried out.

Repair Charges	Please complete	
FLAT RATE REPAIR	<input type="checkbox"/>	\$
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Declined repairs are subject to an inspection fee of \$62.50 ex. per unit.

Total (inc.GST) \$ _____

Purchase Order # _____
(Please attach Purchase Order)

BILLING DETAILS

This form is to be enclosed with each faulty unit and sent to:
Datanet Service Centre, 28 Stiles Avenue, Burswood, WA 6100