



Please fill out details below and send in with your tool

**Your Details:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

**Tool Details:**

Make of Tool: \_\_\_\_\_

Model of Tool: \_\_\_\_\_

Is tool under warranty?                      Yes                      No

Is a copy of the receipt attached (required)?                      Yes                      No

Description of fault: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



U1/11 WESTERWAY ST  
SLACKS CREEK  
QLD                      4127