



# REQUEST FOR SERVICE



## REFERRER DETAILS

Company: Apex Air conditioning Contact: \_\_\_\_\_  
 Street Address: Unit 10/13-15 Burrows Rd South  
 Suburb: St Peters State: NSW Postcode: 2044  
 Phone: 9559 6108 Mobile: \_\_\_\_\_ Fax: 85691317  
 Purchase Order Number for Service Work: \_\_\_\_\_ *(Required Information for all systems)*

## SITE LOCATION

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**UNIT DETAILS** – Model and Serial numbers are REQUIRED INFORMATION, a service call cannot be logged without these details. *If the unit is a Multi Head, please provide model and serial numbers for **outdoor and all indoor units**.*

Installation Company: Apex Air conditioning Date of install: \_\_\_\_\_  
 Outdoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_  
 Indoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_  
 Indoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_  
 Indoor model: \_\_\_\_\_ Serial number: \_\_\_\_\_

**FAULT DESCRIPTION** – Please include Fault Codes and previous repair history.

OCCURRENCE:  DOA,  During Commissioning,  Intermittent,  After Power On,  Other

Fault Code (if available): \_\_\_\_\_

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