

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: _____ 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): _____
