



WARRANTY REQUEST FORM

Please return this completed form to:
 Phone: 1800 119 229
 Fax: (02) 8814 4061
 Email: service@actronair.com.au
Incomplete forms will be returned

Company Requesting Warranty Service

Company Name: _____ Contact Person: _____

Company Address: _____ State: _____ Postcode: _____

Company Phone No.: _____ Company Fax No.: _____

Email Address: _____

End User Details Commercial Domestic

Breakdown Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Person: _____ Phone No: _____

Model No. Outdoor: _____ Serial No: _____

Model No. Indoor: _____ Serial No: _____

Date of Install: ____/____/____ Installer: _____

Fault Description: _____

Parts required: _____

Who will be attending? Company: Actron:

Location of Equipment: EVAP. (accessible) (Inaccessible)

COND (on ground) (on roof)

If condenser is on roof, are anchor points available? Yes No

** If evaporator, condenser or any componentry is inaccessible, charges will be applied for excess time on site.*

** Travel outside metropolitan areas can occur charges*

** Installation faults are chargeable*

Please nominate action to be taken in the above events: (please tick)

1. Call from site to get approval prior to carrying out any repairs _____

2. Charge Installer _____

3. Do not proceed with any further repairs _____

4. Consult any charges with end user _____