

UNDER WARRANTY Y/N

AG SERVICE REQUEST FORM



DATE		YOUR REF# / PURCHASE ORDER		Vantage JOB# (<u>Vantage INTERNAL USE ONLY</u>)
COMPANY NAME		CONTACT NAME		PHONE:
				EMAIL:
DELIVERY ADDRESS			INVOICING ADDRESS (IF DIFFERENT FROM DELIVERY ADDRESS)	
STAFF CONTACT/DATE OF CONTACT			RETURN FREIGHT ACCOUNT DETAILS (IF REQUIRED)	
PRODUCT/MODEL#	RODUCT/MODEL# SERIAL#		IS A QUOTE REQUIRED Y/N	
Dealer Invoice# Dealer Inv		voice Date	NOTE: The original parts invoice to the customer with the serial number of the main component noted on the invoice must also be attached for warranty repairs.	
ACCESSORIES SUPPLIED: NOTE: AG REPAIR EQUIPMENT SHOULD ONLY BE DELIVERED TO THE MELBOURNE SERVICE WORKSHOP. DELIVERY ADDRESS: Vantage Service, Unit 1/6 Garden Rd, Clayton VIC 3168, Australia PLEASE ENSURE THIS DOCUMENT ACCOMPANIES THE EQUIPMENT. VANTAGE INTERNAL USE ONLY				
INTERNAL CUSTOMER ORDER NUMBER		ENTERED INTO SERVICE DATA BASE Y/N		

Vantage Service

REPAIR QUOTE SENT Y/N