



REPAIR REQUEST FORM

I need to know who you are and the symptoms of your headset problem.

Please fill out the following information and send with your broken headset.

FULL NAME: _____

POSTAL ADDRESS: _____

PHONE CONTACTS: _____

EMAIL: _____

YOUR HEADSET TYPE: _____

SYMPTOMS OF YOUR HEADSET PROBLEM:

ARE YOU IN A DESPERATE HURRY: _____

IN ADDITION TO FIXING IT, ARE THERE ANY EXTRA CAPABILITIES YOU WANT?

DELIVERY:

After boxing the headset and wrapping it in bubble wrap to protect it, send it to Australia Post Parcel Locker.
Address the label exactly as seen below, with email and mobile number listed first.

doctorheadset@gmail.com
0412 831 410
John Baker
Parcel Locker 101 448 4373
Peninsula Fair Shopping Centre
252-282 Anzac ave
Kippa Ring QLD 4021