



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?

DELIVER TO:

John Baker

Parcel Locker 1014484373

Peninsula Fair Shopping Centre

252-282 Anzac Ave,

Kippa-Ring QLD 4021