

Request for Warranty Claim

Once the form is completed, email to service@activemedical.au. When the form is received by our team, a return address will be advised. Then, please return faulty goods and a copy of this form.

activeMEDICAL

ABN: 74 674 984 546

Date :		Return Agree with :	
Organisation :			
Contact Name :			
Contact Phone :		Email Address :	
Company Address : (This will be the address the replacement parts will be sent to)			
Company Purchase Order or Invoice # :		Warranty Purchase Order:	

* This will be used for tracking purposes

* Please ensure your PO states it is for a Warranty Request, otherwise the PO will be invoiced in full

Product Details – Please fill in a separate line for each item that is returned

Product Code / Item Number / Description	Bed Serial Number	QTY	Date of Purchase	Invoice Number

Notes & Comments on the Fault

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Conditions of Return

- All items to be cleaned with disinfectant prior to returning
- NO Refunds or credits will be processed if items are returned uncleaned
- Completion of this form does not confirm warranty. Once the assessment is complete, our team will be in touch to confirm the outcome

Office Use Only

Date Received :		Active Medical Sales Order Number :	
CRM Case Number :		Authorised By :	
Date Returned :		Returned to :	

Return address will be advised - Please ensure you return a copy of this completed form with the goods.