

WARRANTY SERVICE REQUISITION

| | |
|---|--|
| Installation Company Name: _____ | Date: _____ |
| Contact person: _____ | Contact Phone: _____ |
| Customer / Home owner name: _____ | |
| Address: _____ _____ | |
| Phone Contact: | (home) _____ (work) _____ (mobile) _____ (mobile 2) _____ |
| System Type: | ZSK CONTROL AIR PLATINUM VAV GEN 111 ZSK2 ZONE 10 VAV-T FRESH AIR |
| Motor Colour: | BLACK GREY GREEN YELLOW RED |
| Unit Make and Model: _____ | |
| Original Invoice Number from Advantage Air to you: _____ | |
| Date of system installation: _____ _____ | |
| Detailed description of suspected fault: _____ _____ _____ _____ _____ | |

****PROOF OF PURCHASE (e.g. Advantage Air Invoice) MUST BE FORWARDED WITH THIS CLAIM FORM****

Advantage Air warranty policy only covers repair or replacement of faulty Advantage Air products. If Advantage Air products are not found to be faulty or fault is caused by a design, installation error or a third party, you agree to cover all costs incurred by Advantage Air and authorise Advantage Air to charge you for these costs.

| | | | |
|------------------------------|---|---------------|-------|
| Credit Card Details: | M/Card / Visa | Expiry Date : | _____ |
| Credit Card Number: | _____ | | |
| Name: | _____ | | |
| Authorised Signature: | _____ | | |
| Date: | _____ | | |
| Email Adress/Fax: | _____ (for invoices and reports to be sent) | | |

PLEASE NOTE : ALL INFORMATION ABOVE IS REQUIRED BEFORE A WARRANTY CLAIM CAN BE PROCESSED

Email completed warranty form to:
or fax to:

| | | |
|-----|--------------|--|
| WA | 08 9353 4419 | warranty@advantageair.com.au |
| NSW | 08 9353 4419 | warranty@advantageair.com.au |
| QLD | 07 3268 2366 | brisbane@advantageair.com.au |
| VIC | 03 9707 9110 | melbourne@advantageair.com.au |
| SA | 08 9353 4419 | warranty@advantageair.com.au |