

To:

# Disruptive Innovation Services

54 Dawn Crescent

Mount Riverview

NSW

**2774**

*PH: 0405222015*

From:

1. *Make sure your equipment is packed well to avoid damage during transit.*
2. *Attach a business card or fill out the contact details below and list your concerns and requests for the repair.*
3. *Affix the above address label.*

Business Name / Customer Name

Contact Number

Shipping Address

Email Address

Equipment Details

- |  |  |
|--|--|
| <input type="checkbox"/> Slipping burrs / Service requested  | <input type="checkbox"/> Filter bag pricing    |
| <input type="checkbox"/> Hand piece won't spin               | <input type="checkbox"/> New drill pricing     |
| <input type="checkbox"/> Hand piece switch non responsive    | <input type="checkbox"/> Test and tag          |
| <input type="checkbox"/> Hand piece stuck on full speed      | <input type="checkbox"/> Other (Explain below) |
| <input type="checkbox"/> Split hose                          |  |
| <input type="checkbox"/> Power won't turn on / No lights etc |  |
| <input type="checkbox"/> Keypad non responsive               |  |
| <input type="checkbox"/> Burning smell                       |  |
| <input type="checkbox"/> Vacuum won't turn on                |  |
| <input type="checkbox"/> Vacuum stuck on full speed          |  |
| <input type="checkbox"/> Vacuum low suction                  |  |
| <input type="checkbox"/> No spray                            |  |
| <input type="checkbox"/> Water underneath unit               |  |
| <input type="checkbox"/> Spray only dribbling                |  |