

## Service Call Authorization

**COPY OF CUSTOMERS RECEIPT OR STORE INVOICE / PROOF OF PURCHASE MUST BE PROVIDED WITH THIS FORM**

### STORE DETAILS (From Where Goods Were Originally Purchased)

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_ Primary Contact Number \_\_\_\_\_  
Date of Purchase \_\_\_\_\_ Linkware Licence Details: LN20229 or LN1980 – WELS 0055

### PLUMBER/INSTALLER INFORMATION

These details **MUST** be provided on this document **PRIOR** to sending this request to Linkware Australia Pty Ltd.

Installed by \_\_\_\_\_ Date Installed \_\_\_\_\_ Licence Number \_\_\_\_\_  
Email \_\_\_\_\_ Primary Contact Number \_\_\_\_\_

### PRODUCT DETAILS

Product Description (e.g. Sabine Basin Set) \_\_\_\_\_  
Product Issue (e.g. Leaking from spout) \_\_\_\_\_

### CUSTOMER DETAILS (The contact information and address where the product is installed)

Name \_\_\_\_\_ Primary Contact Number \_\_\_\_\_  
Address \_\_\_\_\_

**Please Note:** Effective 1st April 2014. A call out fee of \$110 + GST (minimum) applies as below. Cost of repair / replacement as quoted by a Licensed Personnel.

**The above charges will apply where:**

- The product is not a Linkware Product or differs from the information provided above.
- The product has not been correctly installed.
- The product has not been installed as per installation instructions.
- Refer to Linkware's website for full installations / warranty terms and conditions.
- The product has been damaged at installation stage.
- The issue is not a fault in manufacture.

By marking all check boxes, I/WE acknowledge that I/WE have explained to our customer (noted above), the terms and conditions associated with this service request. Further, our customer fully understands these terms and conditions and agrees to them, in totality. The customer is also submitting a copy of the proof of purchase/copy of store invoice.

I agree to the above terms and conditions

I will submit a copy of the proof of purchase/copy of store invoice **with this form**

Name (Please Print) \_\_\_\_\_ Date (Please Print) \_\_\_\_\_

**THIS FORM MUST BE COMPETED IN FULL (ALL AREAS), CHECKED AND FAXED/EMAILED TO LINKWARE AUSTRALIA PTY LTD BEFORE ANY SERVICE WILL BE COMMENCED.**  
Linkware will be unable to action any request that is submitted without ALL required information/documentation as set out on this request form.

**CLICK HERE TO SAVE A COPY OF THE FORM**

**PLEASE ATTACH FULLY COMPLETED FORM & SEND WITH PROOF OF PURCHASE/RECEIPT TO [linkware@ozemail.com.au](mailto:linkware@ozemail.com.au)**

Office Use Only  
Service Plumber \_\_\_\_\_ Invoice \_\_\_\_\_ Date \_\_\_\_\_  
Comments as to Service  
\_\_\_\_\_  
\_\_\_\_\_